

Department of Health and Human Services

Public Meeting on the

Framework Convention on Tobacco Control

Nashville, Tennessee

September 20, 2002

Kenneth Bernard, M.D., Assistant Surgeon General

My name is Dr. Kenneth Bernard. I am an Assistant Surgeon General in the U.S. Department of Health and Human Services. On behalf of the Department and the other federal agencies that are involved in the Framework Convention on Tobacco Control, I would like to welcome you all to this public meeting. (For shorthand purposes, we refer to the Framework Convention as the FCTC.) The purpose of this meeting is for us in the federal government to listen to your views on the tobacco control issues that may be included in the FCTC. The latest draft of the convention is called the “Chairman’s Text,” which is available on the Website. You probably have all seen it. It was posted on the Internet in July. We develop our negotiation positions through an interagency process. And many Federal agencies, some of which are represented here today, meet frequently to discuss the Convention and decide which positions the U.S. delegation should take. The views of the many groups and individuals who speak at this meeting form a part of the information that the interagency group takes into account. We’re here today to listen to your views, rather than to present the government’s views. We have not finalized our

positions on the next negotiation, which will begin in October, and we want to hear what you have to say before we do finalize these positions.

The Intergovernmental Negotiating Body that was established to negotiate the text has met four times in the past. We're now going into the fifth meeting. These are difficult meetings that have intermittently made progress and intermittently stalled. We're hoping to make a lot of progress under the new Chairman, Ambassador Seixas Corrêa of Brazil, who has actually drafted the current Protocol that we're going to be negotiating in October, based on the comments that have been made over the last four negotiating sessions. So you'll notice that in the new text of the Treaty, there's essentially no bracketed language. It's all the language of the Chairman. And so we're basically starting anew with what many believe to be a best compromise text. We disagree with some parts of it. Other countries will disagree with other parts of it. And hopefully in the next session or two, we come to common consensus.

We've had two meetings similar to this, one in Washington and one in San Francisco, and the hearing in Nashville will be somewhat different. We want to hear in this room from some of the people we haven't heard from in the past. We'll hear from some old friends, and we'll also hear, hopefully, from some new people. I'd like to introduce the people on the stage. Immediately to my left is Greg Jacob from the Department of Justice; he specializes in some of the legal issues that we will run into, such as First Amendment issues, federalism, and other treaty-making issues. Next to

Greg is Rosemarie Henson, from the Office of Smoking and Health at the Centers for Disease Control; most of you already know her. And I'm reminded to remind everybody that the Centers for Disease Control is part of the Department of Health and Human Services. We have a Secretary who believes in a single department, rather than a bunch of independent agencies, and takes this very seriously. And CDC is one of the primary and principal parts of the Department of Health and Human Services, of course. Down at the end, Donald Booth, with the International Organizations Office of the Department of State. He's new in our group, recently assigned to that office. Peggy Jones was previously doing that job; some of you may remember her. Since this is treaty, and since, as I said before, it has legal issues, it also has a number of issues that the State Department is uniquely qualified to deal with, including dealing with the conventions of the parties and international obligations as resulting from this treaty that we're intending to sign.

I'd also like to thank the staff from the Office of Global Health Affairs in CDC who are providing support for this meeting, and of course, Joy Epstein, who's running around, who makes this entire thing happen. That includes the delegation, and our whole entire negotiating positions; without Joy, this whole delegation could not function.

In addition to your oral statements, we need you to submit your written comments. If you don't have them with you, please submit them by mail or email. We'll be accepting written comments until September 27. A transcript of this meeting will be

made public and posted on the CDC Website, as were transcripts of the previous meetings. And so you may notice that we're not all taking notes, because we don't have to. The tape recorder will be doing it for us.

To help assure fair opportunity for everyone to participate in this meeting, we'll be using the following procedures: Each oral statement will be limited to five minutes, so that we can hear from the greatest number of participants. You can include additional comments in your written statement, and we will consider all written comments in addition to the oral ones. We will hear from people in order according to the numbers you were given when you checked in. If you miss your place in order, check in with the staff at the registration table and we'll make time at the end to take additional speakers. We ask that you line up at the microphones in groups of three. We'll hear from the first three speakers and ask them questions, if need be. They can sit down when all three are finished. While the second group of three is speaking, at the other microphone, the third group can quietly line up and wait their turn. This procedure should allow for a minimum of wasted time between groups of speakers. I'll be officiating. If I have to leave briefly, someone else in the room can take over. So speakers numbers 1 through 3, can you please come up to the microphone on the left, and 4 to 6, you're the right.

Male Voice

Floor mikes or podium mike?

Kenneth Bernard, M.D.

Floor mikes I think would be better, unless you – it's up to you. What do you prefer?

Male Voice

I think it'd be easier up here because you have a podium to put our remarks on.

Kenneth Bernard, M.D.

Okay.

Male Voice

That seem agreeable to the Chair?

Kenneth Bernard, M.D.

It's fine with me. If the microphone's working, and they can pick up the recording from that, it's fine with me.

Male Voice

Are we recording from here, sir?

Kenneth Bernard, M.D.

Please introduce yourself by name and organization before you speak. After five minutes, I'm very likely to get agitated, so try to keep it within the five minutes. And, again, we are here to hear, listen to you, and understand your comments. This is not specifically a time to ask questions of the delegation. I'm going to tell you right now, we're not going to answer very many, because we don't want to get out too in front of development of our own positions. There'll be plenty of time during the negotiations in October to ask questions where we can have a debate on exactly what our positions are. Right now, we're still developing them. If you're going to use the podium, we need to be able to change speakers very, very quickly, or we're not going to get through everybody in an adequate amount of time. So if you're going to use the podium, please come and sit in the front row, so that the next person can take the stage immediately upon the exit of the current speaker. Okay, sir?

John Banzhaf, Professor of Public Interest Law, George Washington University,
Washington, D.C.; Founder and Executive Director of Action on Smoking and Health

My name is John Banzhaf. I'm a Professor of Public Interest Law at George Washington University in Washington, D.C. I'm also the founder and Executive Director of Action on Smoking and Health, which, as you may know, is our nation's oldest and largest antismoking organization, and the one largely responsible for making the U.S. the leader in protecting nonsmokers' rights. For reasons we've previously

stated, and which are attached to our testimony, we believe that prohibiting smoking in public places is one of the most important things the Framework Convention can accomplish. It not only protects the great majority of people who are nonsmokers, it has also proven to be one of the most effective means of reducing smoking, and of course it costs nothing.

But the current draft is not only incorrect and inconsistent, but also weakens what seems to be the clear intent of countries like the U.S. which are leaders in this regard. Article 8 – and by the way, all of this is set out on page 3 where we have the text for you — the primary one concerned with tobacco smoke pollution, talks about protection “from tobacco smoke.” But 4.1 talks about protection “from the effects of exposure,” and Article 7 talks about “protection from exposure to the harmful effects.” Now all three provisions rather clearly are trying to state the same thing, and should therefore be consistent. But the latter two are both incorrect and inconsistent. There is no known way to protect people “from the effects of exposure.” There is no known way to protect people “from the harmful effects.” There are no vaccines. There are no treatments. Therefore, the obvious necessity is simply to protect people from tobacco smoke itself. So it seems not only consistent, clearer, less confusing, and far stronger to use the direct language of Article 8, “protection from tobacco smoke.”

However, even Article 8, while otherwise preferable, is itself inadequate, misleading, and emasculated. It states the parties should be entitled to “adequate

protection,” and that implies, incorrectly, that measures short of banning smoking may provide protection which is in some sense adequate. But this is clearly contrary to the findings of scientists and scientific bodies all around the world, including the United States government, which has found that secondhand tobacco smoke is a known human carcinogen, for which there is no safe — that is no adequate — lower level below which it doesn’t cause cancer. Therefore, we strongly suggest that the word “adequate” be removed, not only because it is scientifically incorrect, but because it would have this treaty suggest to many countries that simply reducing the level of smoke, by filters or by separate sections, would provide adequate protection, where no protection is adequate.

In addition, I would like to suggest that Article 8 could be made far more effective in many ways, consistent with what I believe is the U.S.’s position, by making several relatively small changes. First, ASH suggests that the section be prefaced with the statement that the parties recognize that there is no right to smoke. This would eliminate a rather nonsensical argument which is very frequently raised, both in this country and in many foreign countries, by those opposing restrictions on smoking in public places.

Secondly, the cumbersome phrase “provide protection from exposure to tobacco smoke” should be replaced by the very simple phrase, “prohibit smoking.” It is clear, direct, forceful. That’s what you want in an international treaty.

Third, ASH recommends that the parties be asked to initially ban smoking in government buildings, since it is there that the government’s power to set limits is most

clear and clearly established, and because governments must be expected to set an example before asking others to adopt similar measures. This is something that our government, of course, has already done.

Finally, ASH strongly suggests that the language obligate the parties to provide “appropriate legal remedies for nonsmokers exposed to tobacco smoke.” Legal remedies through the courts or through administrative agencies would provide means for individual nonsmokers to seek protection on an individualized basis, especially in many situations before a total ban can be achieved, and where they have particularized health problems. In doing so, this would make the achievement of comprehensive bans far easier and more politically expedient to achieve. This, again, is very consistent with the U.S. experience. We were in courts and before agencies many years before we had any statutes, were able to ban smoking in many places. This helped lead, then, to the legislation.

I thank the Committee for their interest. Action on Smoking and Health has a great deal of legal expertise, more than 35 years in this area. We’d be delighted to continue to cooperate with you in making suggestions.

Kenneth Bernard, M.D.

Thank you, sir.

John Banzhaf

Thank you, sir.

Kenneth Bernard, M.D.

That was very well done. I hope that every other speaker speaks as concisely and directly to the issues as you did. Appreciate that.

Paul L. Perito, Esquire, Chairman, President and Chief Operating Officer, Star Scientific, Inc., Chester VA

Dr. Bernard, members of the panel, my name is Paul Perito. I am Chairman and President of Star Scientific, located in Chester Virginia. Star Scientific is a small NASDAQ technology-oriented company, with a mission that centers on the development of processes and products that reduce exposure to the toxins in tobacco smoke and tobacco leaf. We have focused our efforts on the development of patented curing technology that significantly reduces the formation of tobacco specific nitrosamines, which, as I am sure the panel knows, respected scientists globally believe that TSNAs are among the most potent and abundant cancer-causing chemicals in tobacco. TSNAs are also known to be the most significant cancer-causing chemicals in smokeless tobacco. Star has signified its support for the FCTC, first by writing to the WHO Director-General in 1999. Second by testifying twice in Washington and Geneva. Consistent with our belief that tobacco companies have an obligation to support comprehensive rational regulation, we were the first U.S. company to support Congressional legislation to provide authority to FDA over all tobacco-containing products. We're here today to ask

your delegation to take a leadership role in making sure the FCTC is both fair and effective.

FCTC addresses a number of worthy and challenging issues. It is both appropriate and necessary to enact requirements to protect the public from exposure to ETS. We agree with the prior speaker in that regard. Further, Star has developed three smoke-free products whose tobacco content is 100% very low TSNA StarCured™, flue-cured tobacco: Stonewall™ moist and dry snuffs, and Ariva™, a compressed powdered smokeless tobacco cigarette™ tobacco bit. We are convinced by the scientific evidence that inhaling tobacco smoke is the form of tobacco use that causes the most adverse effects on health. We concluded, after consultation with independent medical and scientific advisors on our scientific advisory board, that the one way to have a positive impact on the public health would be to develop smoke-free tobacco products that are acceptable to confirmed smokers who are not yet ready to quit. These smokeless products have TSNA levels we believe that are arguably the lowest ever measured in the world, and since they do not involve smoke curing or wood burning curing, they are virtually free of benzo[a]pyrenes. The Articles of the amended treaty that relate to labeling and disclosure seem to focus primarily on health warnings and disclosure of toxic constituents, which we support. But there are other disclosures, labeling requirements and information that also should be considered by this panel.

We believe manufacturers have an obligation to disclose factually all tobacco reduction levels in products to consumers, so long as those disclosures are based on valid and independent product testing. Factual disclosure on packaging should not be seen as implicit health claims, but rather as the fulfillment of fundamental obligations to adult smokers. Professor Lynn Kozlowski of Penn State, whom many of you know, believes that consumers have the right to product information that is fair, accurate, balanced and non-misleading, so that they can make informed decisions among relative risks of tobacco products.

Kenneth Bernard, M.D.

I'm going to have to –

Paul L. Perito, Esq.

If you'd give me an indulgence for another minute, Mr. Chairman.

Kenneth Bernard, M.D.

One minute.

Paul L. Perito, Esq.

All right. Some non-factual descriptors may be misleading. For that reason, we supported the removal of "lights" and "ultra-lights," and we announced on April 17 the

removal of all “light” and “ultra-light” descriptors from cigarette brands sold by our Star’s subsidiary Star Tobacco. Finally, Mr. Chairman, the Articles of amendment to the treaty relating to issues involving trade and public health are important. But when in conflict, the public health issues must prevail. Thank you very much for your attentiveness.

Kenneth Bernard, M.D.

If you’d rather speak from the microphone and face us, we have no problem with that. I know this is a little bit peculiar, because you’re trying to talk to two different directions. Don’t be embarrassed about speaking from out there, if you want.

Dr. Benjamin Byrd, III, Professor of Cardiovascular Medicine at Vanderbilt University; Previous President of the American Heart Association in Tennessee; now a member of the AHA Public Policy Subcommittee

Dr. Bernard, fellow panel members. I’m Dr. Benjamin Byrd, III, Professor of Cardiovascular Medicine at Vanderbilt University, and previous president of the American Heart Association in Tennessee, now a member of the Public Policy Subcommittee. Welcome to the South. You’ve seen Washington and San Francisco. My grandfather – since we’re in the South, I’ll talk about family history for a second. My grandfather founded the American Heart Association in 1954. And when I first went to Washington in the 1970s, Senator Kennedy was holding the first testimony on smoking and health, and two Nobel Prize winners were brought there by my Dad, who

was the president of the American Cancer Society, to testify at those hearings. So it's interesting that 40 years later, we're still dealing with the number one preventable cause of stroke, lung cancer, and heart attack in this country, and haven't yet come to grips with it. So I appreciate your coming to Nashville today, and giving us an opportunity to speak.

I'm acutely aware of the horrific toll caused by tobacco. Almost half a million tobacco-related deaths occur each year in the U.S., and most of them are related to heart or stroke. Smoking is the single biggest modifiable – in other words, we could get rid of it, if people were willing to – risk factor for heart disease. Worldwide, the toll from tobacco is becoming truly staggering. By 2025, the WHO projects 10 million people will die because of tobacco; 70 percent of those deaths, almost three-quarters, will occur now in developing countries. Thanks in very large part to aggressive and marketing by big tobacco, more and more children around the world are lining up to become tomorrow's tobacco victims. The recent Youth Global Tobacco Survey showed that one in six 13- to 15-year-olds around the world now smoke cigarettes. Tens of thousands of young people around the world become addicted to tobacco every day. If current trends continue, a quarter billion children now alive will eventually die of tobacco-related disease. How can we possibly justify not doing everything we can to reverse this trend?

Unfortunately, the U.S. has the dishonorable distinction of taking a lead in promoting worldwide use of tobacco. More American cigarettes are smoked overseas

than they are here at home now. In 1998, Philip Morris Made a profit of \$5 billion selling cigarettes overseas, only \$1.5 billion in the U.S. Historically, concern for protecting the commercial interests of a handful of large corporations has outweighed the public health needs of the world's citizens. Clearly, the time has come to reverse this tragic misplacement of priorities, and begin to take the steps that are necessary, steps that have been demonstrated to work scientifically, to save millions of additional lives around the world.

The AHA, American Heart Association, applauds the World Health Organization for its efforts in developing the FCTC. We firmly believe that protection and promotion of public health should provide the sole basis for all provisions in the WHO Framework Convention on Tobacco Control. The world needs a strong, enforceable Convention that holds tobacco companies accountable for their international actions, their advertising, and that supports global governments in their efforts to protect their citizens and promote public health. Many countries have begun to take positive steps toward implementing strong tobacco control policies, restricting tobacco advertising, limiting where smoking is allowed, providing strong health warnings and labeling on packs of cigarettes. This Convention provides the opportunity to give assistance to all countries of the world in implementing the best known practices for tobacco control. We must formulate a comprehensive international tobacco control policy with this Convention. It must span a broad spectrum of issues, including the formulation of agreements related to tobacco prices, passive smoking, advertising, promotion and sponsorship of tobacco products,

regulation of their manufacture and the labeling, tobacco use prevention, and tobacco cessation programs. At a minimum, the FCTC should support and encourage national policies and multilateral measures to stem the disastrous global public health epidemic that results from escalating global tobacco use.

At the same time, nothing in this Convention should reduce, relax, or in any way diminish existing tobacco control initiatives, regulation, laws or practices of the signatories. This Convention should set a floor, not a ceiling, for national efforts. The convention should provide strong international measures to control measures that cannot be handled nationally or locally, such as smuggling and advertising that cannot be stopped at borders, such as Internet and satellite television. Stringent restrictions should be established on all direct and indirect advertising. If people wish to smoke, they should smoke. We're not trying to stop that, as long as they don't hurt someone else by smoking indoors. But, the advertising to encourage people to smoke should be limited. Because we're speaking today in a tobacco-producing state — we raised tobacco on our farm when I was little — it's worth noting that U.S. tobacco companies have spent years playing the grower card, attempting to invoke the plight of the American tobacco farmer as an excuse to support export-friendly policies. This is a joke. In recent years, American tobacco growers have taken a pounding from this industry, which claims to support them. From 1990 to 1993, the big three tobacco companies increased foreign tobacco imports from 413 million pounds to over one billion pounds.

Another report, “False Friends: The U.S. Cigarette Companies’ Betrayal of American Tobacco Farmers,” highlights the fact that reduced purchases of U.S. grown tobacco has little to do with the gradual smoking decline in the U.S. Instead, they are tied almost entirely to the decision of U.S. cigarette companies to manufacture more product overseas, to use more foreign-grown tobacco in cigarettes that they make here and abroad. The issue here is not how to protect American tobacco companies, but how to protect world health. The FCTC provides a historic opportunity to take decisive action, using proved strategies. The U.S. has the opportunity, and the obligation, to lead the effort to endorse a strong Convention. It would be a tragedy if this Convention were watered down and made meaningless. Millions of people will not get a second chance if this Convention is not made as strong as possible. Thank you very much.

Kenneth Bernard, M.D.

Thank you, sir. I think what we’re going to do is, rather than ask questions, when you’re done speaking, please sit down again, and if we have any specific questions, we’ll call on you directly. I think that’s the best way to do it.

Kirk Lane, Ph.D., Professor of Allergy, Pulmonary and Critical Care Medicine,
Vanderbilt University, Nashville, Tennessee; President, Tennessee Thoracic Society

I’ll try and start a precedent with the floor mike.

Kenneth Bernard, M.D.

Terrific.

Kirk Lane, Ph.D.

Good morning, ladies and gentleman. I am Kirk Lane, Ph.D., Professor of Allergy, Pulmonary and Critical Care Medicine at Vanderbilt University here in Nashville, Tennessee. I am here today in my capacity as the President of the Tennessee Thoracic Society, a chapter of the American Thoracic Society, and the medical partner of the American Lung Association of Tennessee. I appreciate the opportunity to testify.

The Tennessee Thoracic Society shares the concerns raised by the American Thoracic Society with the Framework Treaty. We believe strongly that the Framework Convention Treaty must place public health above all other issues, and at a minimum, observe the essential premise we require of physicians: “First, do no harm.” The global epidemic of tobacco use is a public health menace of the highest priority. The scope of this menace can be seen by the amount of research dedicated to the problems caused by tobacco smoke. In a Medline search I conducted last night, there were 31,853 scientific research papers published in the last six years regarding smoking. These reports dealt with everything from the role of tobacco smoke in lung and heart disease, to the wishes of individuals not to be subjected to secondhand smoke at work. These reports came not only from the United States literature, but also from Europe, Asia, and Australia. In fact, laboratories in the majority of the world seem to be involved in research focused on elucidating and diminishing smoking’s negative impact on health. Not only should our

nation work for providing the strongest possible tools to nations battling this menace, the treaty language should hold tobacco companies accountable.

The Thoracic Society members in Tennessee see the devastation from tobacco use every day in their practices and research efforts. In Tennessee, over 9,600 people die annually from diseases caused by smoking, the third highest in this nation.

Unfortunately, we know that we will continue to battle this killer for decades to come, as already thousands of Tennessee children are, by their own admission, regularly using tobacco products. The most recent survey of tobacco use among Tennessee middle and high school students tells a disturbing story: Nearly one-quarter of the middle school students, 23.2 percent, have used tobacco products within the last month, a rise of three percent from the previous survey. The number grows higher as teens grow up. By high school, four in ten students use tobacco.

Worldwide the situation is also alarming. As Dr. Byrd mentioned, a report released just last month revealed that 14 percent of 13- to 15-year-olds around the world currently smoke cigarettes. The study found the highest rates of smoking were in the developing countries, with some countries reporting more than a third of the students were smokers. About 25 percent of the smokers worldwide began smoking by the age of 10. Without adequate provisions to protect health of their citizens, nations around the world will watch these children age and suffer disease and death from the addiction begun so young.

Of course, it is not only those who smoke who are at risk. Too many children and adults, both in Tennessee and in the world, are exposed to secondhand smoke. Here in Tennessee, a weak law, written by the tobacco industry, which sounded “reasonable” at the time to lawmakers, has successfully revoked and blocked clean indoor air protections. In Tennessee, over a third of the worksites, 37 percent, are at risk from toxic pollution of secondhand smoke, while nearly half of all homes, 47.1 percent, allow smoking. All this despite what we know the science reveals about the risk to children and adults from secondhand smoke. Ironically, one of the smokiest buildings in the State of Tennessee remains the beautiful State Capitol, standing at the other end of Capitol Boulevard from the smoke-free building where we are today.

Worldwide, exposure to secondhand smoke is just as bad. The Global Youth Tobacco Survey found that nearly half had smokers in their homes. In Meghalay, India, nearly 80 percent of the students reported living in a home with a smoker. Over 60 percent of the students were exposed to secondhand smoke when they ventured into public places. Secondhand smoke has real effects, even in the furthest reaches of the earth. Infants of the Inuits in arctic Canada have many more lung infections than other Canadians. All of the infants studied lived in homes with secondhand smoke.

We in the United States value our democracy, possibly more than anything else. I would urge the U.S. delegation to listen to the voices of the people and act accordingly. In Hong Kong, a proposal to make food establishments smoke-free was met by greater

than 68 percent of the respondents favoring the proposal, and greater than 96 percent of the respondents said their frequency of restaurant patronage would not change or would increase if this proposal were enacted. Citizens of China want this protection. Workers in the food industry in New Zealand reported that their exposure to secondhand smoke resulted in irritation by more than 50 percent of the respondents. These New Zealand food service workers would prefer not to be subjected to this workplace hazard. Labor unions have responded similarly when asked about workplace exposure to smoke. Approximately 50 percent of labor union members favored limiting smoking in the workplace. U.S. workers want protection from this toxic product. This is a sample of the scientific surveys conducted throughout the world demonstrating support for reducing tobacco smoke exposure.

The Tennessee Thoracic Society urges the U.S. delegation to support the ability of these nations to reduce the exposure to their citizens from secondhand smoke and other progeny of smoking: addiction, disease, and death. At the very least, look at my own state's example of how a misguided effort can be worse than no action at all. I want to thank you for the opportunity to comment.

Male Voice

Thank you, Doctor. I might want to comment, by the way, that I'm quite familiar with the State of Tennessee. I spent, I'm in Commissioned Corps of the Public Health Service, been in Federal Executive Branch for over 20 years, but did spend a year in

Senator Frist's office, one of the finer Senators around, and so I'm quite interested to hear the Tennessee point of view on these issues. Thank you.

Craig Comish, Chairman, Davidson County Board, Mid-South Division, American Cancer Society

Good morning, Dr. Bernard. I'd like to thank you and the U.S. delegation for convening this important hearing. My name is Craig Comish. I am pleased to be here representing the Mid-South Division of the American Cancer Society. As Chairman of the American Cancer Society's Davidson County Board, I think it's especially important for me to be here today in my hometown to convey my support, and the support of the American Cancer Society, for a strong and effective Framework Convention on Tobacco Control.

Cancer has touched my life in many ways. I've lost three uncles and one aunt to cancer, two of those uncles to lung cancer. Both were smokers. My mother is a cancer survivor. Cancer touches my life every day. As the Administrator of The Sarah Cannon Cancer Center based here in Nashville, I'm continuously engaged in the fight against this disease. The Sarah Cannon Cancer Center treats patients using state-of-the-art technology, and we are the largest privately-funded community-based clinical research program in the nation. We have 450 oncologists in 25 states currently working collaboratively with us to advance the effectiveness of treatment. In fact, we have more

protocols involving lung cancer than any other site or type of cancer, and more than one-third of all of our patients enrolled in recent trials have that as a primary diagnosis.

Advancing the cause of treatment is very important, but the real answer to this disease lies in prevention. We know from the data that 30 percent of all cancers are caused by the use of tobacco products. This is why I am such a strong advocate of tobacco control. This particular region of the U.S. faces special challenges in dealing with tobacco. Tennessee has one of the highest youth smoking rates in the country, and ranks third in the nation in tobacco production. Yet while the state took in \$88 million in tobacco exports in 2000, we paid about 50 times that amount in direct medical care costs and lost productivity caused by smoking.

The FCTC is an important opportunity for the United States to promote public health in our country and in all countries over the world. We have a responsibility to share our experiences and knowledge, and to ensure, at a minimum, that our policies do not stimulate tobacco use in other nations.

The American Cancer Society encourages the U.S. delegation to support a strong FCTC that will promote and protect public health around the world. We hope to see U.S. support for strong anti-smuggling measures; a complete ban on tobacco advertising and promotion in all nations constitutionally able to do so; health warning labels that occupy at least 50 percent of tobacco packaging; and most importantly, trade language that makes public health concerns a higher priority than expanding trade in tobacco products.

Without U.S. support for these provisions, we fear that some of the great potential of the treaty may be lost.

On behalf of the Mid-South Division of the American Cancer Society, I ask the delegation to recognize the ability our country has to make a difference, and the responsibility that we have to the international community. I've been extremely proud as an American to see our President hold the banner of freedom high in the past year. It is my hope that in six months I'll be equally proud on U.S. leadership on tobacco control, and that the lives of future innocents will not be touched by this dangerous product. You, as members of this important delegation, have the opportunity to make cancer less a part of my everyday life, and that of countless millions of people around the world. Thank you for your time, and God bless your participation.

Kenneth Bernard, M.D.

Thank you, Mr. Comish.

J.T. Bunn, Executive Vice President, Leaf Tobacco Exporters Association and Tobacco Association of United States

Good morning. My name is J.T. Bunn, and I am Executive Vice President of Leaf Tobacco Exporters Association, and Tobacco Association of the United States. Our offices are in Raleigh, North Carolina. I am here presenting comments on behalf of Leaf Tobacco Exporters Association and Tobacco Association of the United States, whose

members handle most of the U.S. tobacco entering world trade. These associations have stated opposition to the World Health Organization Framework Convention on Tobacco Control at the meeting held on March 15 in Washington, D.C. We continue to oppose the U.S. being a signatory to the FCTC, and would like to further comment on items addressed in the new Chair's text.

First, the proposal to require U.S. bilateral and multilateral agreements to be qualified by the Secretariat of this special interest international group is frightening. As private U.S. citizens, and as U.S. corporations, we are adamantly opposed to relinquishing our sovereignty to any group outside the United States. The U.S. government does not need an international superintendent to evaluate and craft our country's international relationships. Our U.S. government's organizations, such as USTR, State, Commerce, USDA, etc. are very adept at arranging and evaluating our international relationships. We see the Chair's new text as an opportunity for tobacco monopoly countries that compete with U.S. production and to legitimize ongoing attempts to garner larger shares of the world market at the expense of U.S. growers. The proposals to force higher pricing and to force higher taxation on the tobacco market will have the greatest impact on the premium price markets. Since the U.S. growers are major suppliers of the premium market, they would be done the most damage.

The U.S. Congress is currently considering legislation that will in fact make U.S. tobacco more competitive in the world market, in order to help boost the depressed

economies in U.S. tobacco-producing areas. As tobacco production has declined in the U.S. because of many factors that affect U.S. pricing, attempts at producing alternative crops have not been successful. The tobacco-producing communities have not been able to find viable crops, even though the land grant universities and foundation grants are putting enormous resources into finding new alternatives. The economic stimulus in the tobacco-producing communities is tobacco production, and the level of production still determines their economic well-being.

The private and government efforts to retrain tobacco workers and growers have provided marginal new work opportunities, but the prevalence of double-digit unemployment in most of these rural tobacco-producing areas does not accommodate vocational changes. Plus, the current downturn in the U.S. economy has stifled most growers' attempts to find alternative ways of making a living. Growing tobacco is a legal way of producing income in the United States, and it should continue to be as long as other countries in the world produce tobacco for world markets. Some of the countries that are party to the FCTC use monopolies to supply a large share of the world market. We contend that these monopolies and other countries are interested in expanding their share of the world market, at the expense of U.S. tobacco growers. The new Chair's text strategic use of forced pricing and forced taxation, along with tariffs and non-tariff trade barriers, could greatly impair U.S. growers' ability to compete internationally.

Again, we emphasize that the U.S. Department of Health and Human Services should not agree through the WHO-FCTC to prevent or disadvantage U.S. producers in trading in the legal tobacco world market. If the U.S. becomes a signatory to the FCTC, we believe the economies in the tobacco-producing areas will collapse and become economic and social burdens of our government. Thank you for this opportunity.

Kenneth Bernard, M.D.

Thank you, Mr. Bunn.

Matthew L. Myers, President, Campaign for Tobacco-Free Kids

Thank you very much. My name is Matthew Myers. I am the President of the Campaign for Tobacco-Free Kids, and I'd like to thank you for holding this hearing today. It is an important opportunity for us to comment, and for you to hear the comments of citizens of the United States. Dr. Bernard, you began this day with the right tone. The FCTC is not a statement of outrage. It is a treaty; it is legal document; it is an opportunity to make a difference. It is for that reason that if the FCTC is reduced to rhetoric, platitudes, vague and unenforceable standards, then you and we will have failed in making a real difference. Then you will have turned the FCTC into exactly you said it shouldn't be. Therefore, the negotiations in which you are involved provide an historic opportunity, but only if you adopt strong, specific, objective and measurable standards that will produce a real change in what happens in this world. If not, you will have

missed an historic opportunity. What we'd like to do is address four points in which we have grave concerns about the U.S. position.

First, during the previous negotiating sessions, the U.S. delegation has supported provisions that would subordinate legitimate and important measures enacted by nations for serious public health purposes to trade concerns, in prior negotiated trade treaties, that had nothing to do with tobacco, despite the fact that our position is out of step with the majority of other nations in this world, and despite the very real-world consequences. The FCTC is a treaty that was begun and is designed to promote the public health of the nations who are party to it. This is an issue on which the U.S. has a special obligation. It has been our tobacco companies which have used the power of international trade to break down important public health steps in developing nations who could not withstand our pressure. Philip Morris, for example, even today is threatening the sovereignty and the sovereign action of other nations that have decided to ban the terms "light" and "low-tar" because they believe those terms are misleading their consumers, and creating a public health tragedy. We should not be a part of using trade to override legitimate public health measures.

Second, and related to this, during the last negotiations, the U.S. has supported provisions that would allow the tobacco industry to keep deceiving consumers through the use of misleading terms like "light" and "low-tar." This is particularly ironic, because it was our National Cancer Institute that has produced the foremost study in the world

that demonstrates that light and low-tar cigarettes have not produced a measurable public health gain, and that those terms as currently used by the tobacco industry have in fact resulted in misleading consumers, millions and millions of consumers. We have a particular responsibility, and it is uniquely ironic, that we are a drag on the process, because it is our government science that provides the basis for this conclusion.

Third, during the past negotiations, the U.S. has opposed provisions that would allow a ban on advertising in nations where their constitutions allow it. There is no longer a debate. The impact of tobacco marketing on children around the world remains a serious, and frankly growing, problem. The evidence is also increasingly strong that the most effective way to eliminate the influence of tobacco marketing on young people is on comprehensive advertising restrictions. Many nations have tried to do this. Most support a provision in the FCTC that would allow a nation to ban all direct and indirect tobacco advertising, reserving to those countries with constitutional limitations the right to enact lesser restrictions. As proposed, we don't have a constitutional problem in this country. We should not be the hammer that prevents other countries from protecting their children.

Fourth, smuggling. The FCTC should reverse the perverse incentives that tobacco companies and wholesalers currently have to facilitate cigarette smuggling. This is an issue on which we hope we can agree, but it will be necessary for appropriate measures that include the development of a liability regime to hold tobacco companies responsible,

and the launching of investigations and legal actions aimed at those orchestrating smuggling. We cannot ignore the role of the tobacco companies in promoting illegal trade.

Let me conclude by saying the FCTC provides an historic opportunity to improve the health of people all over the world. For the last 100 years, the United States has been a powerful force for improving the health of people throughout the world. The FCTC provides us with an opportunity to build on our record as a public health leader. But unless we change the positions that we've discussed, our nation and our delegation must also take responsibility for the continued unnecessary premature deaths of millions of people who might have otherwise have been helped by a strong, objective, clear treaty. The choice is literally yours, and history will record what path the United States chooses. Thank you. And we'd be happy to answer any questions.

Kenneth Bernard, M.D.

Thank you, Mr. Myers.

George H. Armistead, III, New Business Development; and Campaign to Curtail Smoking in Nashville, Nashville, Tennessee

Rosemarie, Donald, Ken and Greg, welcome to Nashville. I hope you like it half as much as I do. I'm George Armistead. I was a Metro Council Member at Large for 12 years, from 1987 to 1999. And Greg, I'm Bill Frist's largest cousin, how's that do for

you, buddy? (Laughing) We gave him his first campaign check. He's a fine, fine member of the Senate, and a wonderful Nashvillian.

In 1988, I initiated the Campaign to Curtail Smoking in Nashville, in particular, metropolitan office buildings, under Mayor (Boner), and it took three years to put that policy in place. It was, to be frank, quite a struggle at first. At worst now, we have in all metropolitan government office buildings, some offices still have designated smoking areas. But, for the most part, the smoking areas — smoking in public buildings has been curtailed. We met widespread community support from, obviously, a lot of the concerned charitable ventures, like the Heart Association, Lung Association, of which I have both been on the board in the past, and others. And then we met a great deal of negative concern and consternation from the unions, from many of the — the metropolitan government here has 40 Members of Council, and a Vice Mayor and a Mayor. We have 35 districts in Nashville, and five at large. I was one of those at large. And when I started in 1987, half of them smoked. Half. And so it was a difficult venture, to say the least, to get this passed, but finally it passed. And then I approached Don Jones, our legal attorney, who represents the Council and is in charge of metropolitan staff, about addressing it at the airport. That took two years, and now you see that there's only one room in the Metropolitan Nashville Airport Authority Building that is designated for smoking.

The Tennessee Legislature is an interesting, to say the least, organization, due to the fact that it is also quite large and a bit unwieldy at times, but as you can see, what we're trying to do here is compare this to the legislature, and compare the legislature to the Federal government, and then go to the World Health Organization. It still allows smoking in the corridors, as someone related to earlier, which is absolutely crazy, except should make the young man from Raleigh happy. But it makes no sense to set an example for government to allow smoking. None. There's no redeeming value there whatsoever. In my judgment, whether Van or Phil take over as Governor of the state in January, that issue will be addressed, and hopefully smoking will be curtailed in the State Office Building. Actually, we passed the legislation, as I mentioned, the Airport jumped on board and stopped the smoking. Vanderbilt did. Vanderbilt used to allow smoking in the stadium and at the basketball games, and that was stopped, thank goodness. The {Sounds} picked it up. Even small restaurants like little {Vandyland}. There are several restaurants in Nashville now that allow no smoking.

Just last month, the SunTrust Center, in which I have an office, right down the street, prohibited smoking from the front of the building. There are several buildings in Nashville that deal the same way with smoking, made folks smoke on the loading dock, which should curtail it. But it just time after time after time you see the negatives and how folks are approaching this, and obviously that's why we're addressing you today. The barriers are in place today, and smoking is allowed at far too many establishments because the government has not embraced the concept. Locally we can {pat} smoking

because of the examples of the leaders, like the State Legislature, for example, do not drop the hammer on them. They still allow it. I encourage the World Health Organization to aggressively stress to the leadership of countries which allow smoking to flourish to radically change its policies, take the sensible route, address, the many, many negatives associated with it. Dealing with the negative side effects of smoking is sensible and logical for our country, and hopefully the World Health Organization will parallel that responsible action.

I applaud your efforts, and thanks for having an open ear. And all the best to you, and thanks for coming to Nashville.

Kenneth Bernard, M.D.

Thank you, Mr. Armistead. And it makes me feel very good to not have to cut off Senator Frist's largest cousin. (Laughing)

Carol M. Browner, Former EPA Administrator (1993-2001); Partner, The Albright Group, LLC; International Union Against Tuberculosis and Lung Disease, North America Region/American Lung Association

Good morning. My name is Carol Browner, and I thank you for the opportunity to appear before you today. I am pleased to speak on behalf of the North American Region of the International Union Against Tuberculosis and Lung Disease, represented in the United States by the American Lung Association. Tobacco poses a serious health threat and extracts a lethal toll on families in the United States and around the world. You've

heard the numbers. They are large, very large, and they are real. A strong enforceable Framework Convention on Tobacco Control is an opportunity to save literally millions of lives. The United States should be a champion for public health. We have the best science. We have the resources to make the biggest impact on world health. If the Administration is not prepared to argue loudly and forcefully for a treaty premised first and foremost on protecting health, then, with all due respect, the Administration should step aside. The U.S. failure to support meaningful provisions should not prevent the rest of the world from acting to protect the health of their citizens. A strong treaty must include specific obligations for all signatory nations. The time for hortatory language has passed. Public health demands concrete measures with real obligations.

I want to focus my testimony today on two elements, secondhand smoke and tobacco use by women and children. For eight years, I had the honor of serving the American people as the Administrator of the United States Environmental Protection Agency. Protecting the public's health and their environment was our mission and our commitment. Through science, research, regulation, enforcement, and public education, we took that responsibility seriously. Among one of my earliest actions as the head of the Environmental Protection Agency was to call public attention to a January 1993 EPA report, "Respiratory Effects of Passive Smoking: Lung Cancer and Other Disorders." At that time, it was widely viewed as the most comprehensive scientific analysis of secondhand smoke and its health effects. And after that report was presented to the public, across the country, we saw a groundswell of local ordinances, state laws,

workplace policies to protect the public from secondhand smoke. You just heard what happened here in Tennessee. Today, millions of Americans no longer have to breathe secondhand smoke when they go to work, when they go to school, or frequent a public place. We meet today in a smoke-free building. In 1993, only 45 percent of workers enjoyed a smoke-free worksite. By 1999, nearly 70 percent of U.S. workers enjoyed a smoke-free work environment. The EPA finding that environmental tobacco smoke, secondhand smoke, is a human lung carcinogen in nonsmokers has subsequently been repeatedly confirmed by the World Health Organization, the National Cancer Institute, the U.S. Public Health Service National Toxicology Program. The report also found that secondhand smoke is causally associated with increased risk of lower respiratory tract infections, bronchitis, pneumonia; increased numbers and severity of asthma attacks in our children; a risk factor for new causes of asthma; and increased prevalence of middle ear fluid. The overwhelming conclusion of all of the science leads to only one policy outcome: A smoke-free environment. Now I doubt that many of us here today would actually view a smoke-free environment as a luxury. We consider it a right, a basic public health right. The treaty must include strong, effective language that will protect everyone everywhere.

A strong treaty must also create an opportunity to protect women and their children from the ravages of tobacco use. In the United States, lung cancer is now surpassing breast cancer as the leading cause of cancer deaths in women. Pregnancies are

affected. Sudden Infant Death Syndrome is more prevalent among mothers whose mothers smoke.

For more than 80 years, the tobacco industry has targeted its clever marketing campaigns at women and girls in the United States and elsewhere. And you know something? Unfortunately, it has worked. Perhaps the most infamous campaign? Philip Morris, Virginia Slims: “You’ve come a long way, baby.” It was all about appealing to girls via themes of body image, independence, and glamour. You tell me what’s glamorous about lung cancer. Six years after the introduction of the Virginia Slims and other brand campaigns aimed at women, smoking initiation of 12-year-old girls — 12-year-girls! — increased by 110 percent.

As the public has voiced growing health concerns about smoking, what did the industry do? They launched another campaign, “light” or “low.” More women than men currently smoke light and ultra-light cigarettes. Women are more likely to switch to light or ultra-light cigarettes. Women and girls constitute a lucrative growth market for big tobacco. Historically, women’s smoking rates in Asia and other regions of the developing world are far lower than that of men. China: 63 percent of the men smoke, only 3.8 percent of women, according to the American Cancer Society. Nigeria: 15.4 percent of men, only 1.7 percent of women. The tobacco industry understands this all too well. They understand that there is a market there, and they are targeting that market. As women around the world experience increased economic power and political freedoms,

giant U.S. tobacco companies are attempting to link liberation and equality with their lethal products. Addiction to tobacco should not be a benchmark of progress — of progress for women or anyone.

Finally, trade. The real hope of global trade is a better world. It's about opportunity. It's about better health. It's about a clean environment. We should not allow the trade rules to protect big tobacco. We certainly expect others in the world to respect our right to protect our citizens. Why shouldn't we respect their rights to protect their citizens? Now more than ever, the U.S. needs to work in partnership with the nations of the world to solve complex problems. Tobacco is no different. As the treaty negotiations move forward, I hope that my country will be a voice that promotes public health, protects children and others from exposure to secondhand smoke, and prevents the globalization of tobacco addiction.

The Framework Convention offers an historic opportunity to demonstrate a new vision for the future. If the Administration's position is to use all of our great knowledge and science to weaken protections, then please, as I said previously, step aside. Let the rest of the world who wants to protect their people move forward. Thank you.

Kenneth Bernard, M.D.

Thank you very much, Ms. Browner.

Emily Berens, Organizer, Infact

Good morning. My name is Emily Berens, and I am an organizer with Infact. Since 1977, Infact has been exposing life-threatening abuses by transnational corporations and organizing successful grassroots campaigns to hold corporations accountable to consumers and society at large. Infact was instrumental in the passage of the World Health Organization International Code of Marketing Breastmilk Substitutes in 1981, and helped to pioneer the participation of organizations from civil society in intergovernmental negotiations. Infact has catalyzed the Network for Accountability of Tobacco Transnationals, or NATT, which now includes consumer, human rights, environmental, faith-based, and corporate accountability NGOs in 50 countries. With over 35,000 members and supporters today, Infact is an NGO in official relations with the World Health Organization.

To reverse the global tobacco epidemic, the Framework Convention on Tobacco Control must hold tobacco corporations and tobacco transnationals accountable for their abusive practices, including their global influence-peddling. Recent corporate scandals, from Enron to WorldCom, have created a public climate demanding our government to support stronger corporate accountability measures. Our government needs to demonstrate that public interest, rather than corporate greed, is shaping its position on the FCTC.

Infact, along with our NATT allies, believes the FCTC must: Prioritize public health in the event of conflict with trade and other international agreements; ban all

advertising, promotion, and sponsorship; protect public health policy from interference by tobacco corporations; ensure that tobacco corporations can be held liable for harms to people and the environment, while facilitating the ability of individuals and governmental bodies to be compensated for the high cost of tobacco; and contain binding obligations with specific timelines and penalties for noncompliance, rather than voluntary measures. Unfortunately, the U.S. is not supporting any of these measures in the FCTC, which creates the image that the U.S. is protecting the corporate interests of Philip Morris over public health. The weak positions of the U.S. on the FCTC are only adding to global outrage at our government for failure to support other treaties, including the Kyoto Protocol.

As negotiations on the FCTC reach their final stages, the tobacco industry is expected to endeavor to weaken these aspects of the treaty in particular. Already, Philip Morris, Japan Tobacco and B.A.T. have used their political influence to water down and defeat public health policy, even in the wealthiest countries. The negative impact of giant tobacco corporations on public health policy led member states of the World Health Assembly in May 2001 to pass Resolution 51.18, “Transparency in Tobacco Control Process.” In October, Infact and NATT will release a report, called “Dirty Dealings: Big Tobacco’s Lobbying, Payoffs, and Public Relations to Undermine National and Global Health Policies.” The report illustrates that rather than improve its behavior, the tobacco corporations, their affiliates and subsidiaries, like Philip Morris’s Kraft Foods, are escalating activity to undermine tobacco control initiatives at the national and

international levels. For example, Philip Morris hired the firm Mongoven, Biscoe and Duchin, which advised the corporation, “that if it could not delay the adoption of the Convention, it should instigate a coordinated strategy to make it as weak as possible,” and “to delay its crafting and adoption.”

Domestic legislation in the U.S. requires the disclosure of lobbying expenditures, names of lobbyists, and political contributions by all corporations. Our government has the potential to extend our commitment to transparency and democratic principles to the global level, by supporting strong surveillance and reporting measures in the FCTC. The current draft of the FCTC calls on parties to avoid interference by the tobacco industry in setting and implementing public health policy. And I know that you said earlier that you would not answer many questions today, but I’m hopeful in posing a question. My question is: Will the U.S. actively support this measure in the treaty, and work to strengthen it? And if so, how?

Kenneth Bernard, M.D.

We haven’t made our decision on any specific part of the resolutions that are — excuse me, the negotiation positions, except the ones that everybody knows violate law or constitution. The rest of them are still in flux. So we’re interested in hearing this. But I have a question for you.

Emily Berens

Sure.

Kenneth Bernard, M.D.

You say in one of your statements that what the FCTC should support: “Ensure that tobacco corporations can be held liable for harms to people and the environment.” This word “environment” comes up frequently. What do you mean by “environment” in this context?

Emily Berens

Well, I would mean the harms that they are responsible for in promoting and producing their product, and the harms that are caused to people, and any harms caused to the environment, that they can be legally determined to be accountable for.

Kenneth Bernard, M.D.

That’s not the — the question is, what do you mean by “environment?” I mean, I understand harms to people, but what are you referring to specifically when you say “harms to environment?”

Emily Berens

Well, again, my answer would be that in saying “harms to people and the environment,” that we would mean any harms that the tobacco industry, in producing and advertising and selling its product, is causing.

Kenneth Bernard, M.D.

I understand that, for people. How do you define “environment?” What environmental things are you talking about, separate from the harm to people.

Emily Berens

Again, I’m sorry if I’m not making this clear, but what I would mean is any harms outside of harms to individuals that the industry and their products is responsible for.

Kenneth Bernard, M.D.

Such as?

Emily Berens

Anything that they can proven to be a direct —

Kenneth Bernard, M.D.

I'm not trying to be difficult. I'm trying to understand. What do you mean by "environment?" I mean, I understand about harms to people. But when you say "harms to the environment," what are you specifically referring to? What harms to what part of the environment?

Emily Berens

Sure. The reason that I'm not answering specifics is that I don't think that we know all of – the extent of the harms that tobacco can do. And so in saying "environment," what I mean is anything outside of harm to individuals, that do come up as a result.

Kenneth Bernard, M.D.

Okay, thank you.

Emily Berens

Thank you very much.

Mark Clanton, M.D., National Board of Directors, American Cancer Society

Hello. My name is Dr. Mark Clanton. I'm a pediatrician and a volunteer for the American Cancer Society. I'm here representing more than 28 million volunteers and supporters of the American Cancer Society. The ACS is a nationwide community-based voluntary health organization whose principal purpose is eliminating cancer as a major public health problem. The American Cancer Society has been deeply involved in promoting tobacco control internationally for many years. We are keenly aware that tobacco use is not just an American tragedy. It is truly a global epidemic that requires a global response. A strong, effective Framework Convention on Tobacco Control is crucial, and we are encouraged that such a treaty is now within reach.

Unfortunately, as the FCTC negotiating process has unfolded, we have a growing sense that the United States government positions do not fully reflect the seriousness of the tobacco epidemic. On key issues, such as international trade, advertising, and package labeling, the U.S. appears to be aligning itself more closely with Germany, Japan, and other nations that, like the U.S., are home to the world's largest tobacco companies. If the U.S. does not change course, we believe the result would be unfortunate for global health, and for the United States' broader interests in the world. For the U.S. to resist key elements of a strong and effective FCTC would weaken the U.S. moral standing in the world and play directly into the hands of critics and opponents of the U.S. foreign policy and trade policy.

Due to time limitations, I will focus my comments on international trade issues in these remarks, although the American Cancer Society is also deeply concerned about the U.S. position on advertising, labeling, smuggling, and other issues. On all of these issues, we share the fundamental concerns raised by the Framework Convention Alliance, which consists of more than 180 nongovernmental organizations from around the world.

In addressing international trade issues, I'd like to review three key questions. The first is: Do existing international trade agreements adequately address public health concerns about trade in tobacco products? If so, there is no need for the FCTC to address trade-related issues. If not, the FCTC provides an excellent opportunity for those nations that wish to do so to establish appropriate product-specific trade rules. Such rules would only govern trade among nations that have agreed to be bound by the FCTC. The rights and obligations of other nations under existing trade agreements would remain unchanged.

The clear answer to the question posed is “no.” Tobacco products do not fit well within existing trade agreements. The primary rationale for trade agreements is to boost trade and consumption of the products involved, based on the strong presumption that these products are beneficial. Tobacco products, in contrast, are anything but beneficial. They are uniquely harmful, and their use is universally discouraged. There is a built-in tension between trade rules that have been shown to stimulate tobacco use, and the declared goal of all nations to reduce tobacco use. Moreover, the tobacco industry has a

long history of using trade-related arguments to resist and delay important tobacco control measures, and to intimidate nations that do not want to become embroiled in international trade disputes. In most cases, the industry succeeds in discouraging nations from taking action even when its trade-related arguments are without merit.

The second key question: Are tobacco products really harmful enough to warrant special treatment in trade? The answer, of course, is “yes.” There is no other product that addicts its customers as children, and kills half of all long-term users, that has no safe or recommended use, and that is expected to kill one billion human beings during this century, based on current trends.

The third question involves looking at precedent: How does our international trading system deal with other products that don’t fit well within existing agreements? Again, the answer is clear. As we reach consensus that a product requires special care in trade, we develop appropriate product-specific rules. We’ve done that with literally hundreds of products, including many classes of weapons, narcotics, pesticides, ozone-depleting chemicals, and hazardous waste — and the list goes on and on. In fact, it is testimony to the tobacco industry’s political power that tobacco products are not already subject to product-specific rules in trade.

In light of these facts, the approach the new Chair’s text takes towards international trade is not logical. Article 2.3 of the text makes the FCTC inferior to every other international agreement. This unusual language is intended to ensure that the

FCTC and its protocols do not address trade-related issues in any way. We urge the United States to support the deletion of Article 2.3. We also urge the deletion of Articles 4.5 and 15.2, and the addition of trade-related text detailed in our written comments.

In conclusion, if the United States finds itself unable to support key provisions of the FCTC, we sincerely hope that its negotiators will bear in mind what you heard earlier, which is the first rule of the Hippocratic Oath: Please, in fact, do no harm. While it would be unfortunate if the U.S. were unable to support important measures, it would be far worse if the U.S. actively campaigns to prevent the rest of the world from adopting those measures in the FCTC. I personally want to add that I really empathize with the very complex role that you have. We appreciate it. Thank you for listening to us this morning. And also, the American Cancer Society stands ready to work with you on any of these issues outlined today. Thank you.

Kenneth Bernard, M.D.

Thank you, Dr. Clanton. I might note that we are undertaking this negotiation, in reference partially to what Ms. Browner said, with an absolute sense of integrity in our purpose. We want a signable and ratifiable document that makes a difference. And that's, in fact, what we're trying to do. We're in no way trying to undermine the treaty or otherwise have, you know, secret things that we're doing to try to make sure this won't succeed. I think for a lot of you out there that rightfully look at the United States on this issue, you should look at some other countries as well. There are a lot of countries out

there that have vested interests in the outcome of this that bear some looking. So, I hope that they're as open to you as this delegation is. Thank you.

Katherine Klem, Statewide Youth Coordinator, Project START (Students Taking Action Regarding Tobacco), Louisville, Kentucky

Good morning. My name is Katherine Klem, and I am a 16-year-old junior in high school in Louisville, Kentucky. I am the Statewide Youth Coordinator of Project START (Students Taking Action Regarding Tobacco), a movement of youth advocates for effective tobacco control policies. I was also honored to be named the Campaign for Tobacco-Free Kids' 2000 National Youth Advocate of the Year. I would like to, first, say thank you very much for the opportunity to testify today on behalf of my generation. It is my hope that as you carry out your important leadership role in the negotiations of the Framework Convention, you will realize how your actions will directly affect children all across the world. It is indeed time to stand up for strong public health policies to protect children, and not Big Tobacco.

I speak to you today, not just as a teenager, but as a target. I, along with my classmates and friends, have been preyed upon in order to boost this multi-billion dollar industry's profits. As a Philip Morris executive put it: "Today's teenager is tomorrow's potential regular customer." In recent years, we have uncovered what we have long suspected to be true: We have found overwhelming and irrefutable evidence that tobacco companies have aggressively and relentlessly targeted youth to become addicted to using

their deadly products. In thousands of tobacco companies' internal memos and reports, we find the disturbing truth of the exploitation of children around the globe through deliberate and massive marketing campaigns. According to the Federal Trade Commission, Big Tobacco spent \$9.6 billion in 2000 marketing cigarettes in the U.S. alone. And a majority of students surveyed in the 2002 Global Youth Tobacco Survey had seen cigarette ads in almost every form of media.

But you have the chance to reverse these perverse trends. You have a chance to protect children's health. The worldwide public health community can testify that nothing less will be acceptable. We are counting on you to do the right thing, that is, to ensure that the Framework Convention is a solid, thorough, and enforceable treaty, one with strong policies to protect children against this killer of an addiction.

Tobacco products, which have been found to be as addictive as heroin, kill four million people every year, and a majority of those started their addiction before the age of 18. And if current trends persist, 250 million of my peers alive and well today, will die from tobacco-related disease? Why? As an RJ Reynolds executive put it: "Younger adult smokers are the only source of replacement smokers." It's a vicious cycle. Tobacco companies advertise and market to youth, who become addicted and eventually die, but are replaced by the new smokers who are conveniently young, that is, so they can enjoy a life of disease and paying money to tobacco companies.

The U.S. delegation must take a role in ensuring that these kinds of deplorable marketing tactics do not continue. Many of the marketing tactics Big Tobacco employs around the world are, rightfully, forbidden in the United States. The U.S. delegation should hold the FCTC, at a bare minimum, to standards we hold in this nation today for tobacco products and marketing thereof. But in reality, that is far from enough. The youth of America demand that the Framework Convention contain strong language as to effectively address these issues by banning advertising on magazines, billboards, TV, and newspapers; sponsorships of sport events and music concerts; the selling of tobacco products and related merchandise to youth; and the free sampling of tobacco products to children. The label “prohibition of sale to minors” should be deleted from packs also. Anyone knows that when you tell a young person they “can’t do it, it’s for adults,” it entices them even more to try that something themselves, just so they feel grown up.

It is also imperative that there be a ban on the terms “light” and “low-tar” for packages of cigarettes. The U.S. National Cancer Institute has already found that this language had misled smokers to believe that these cigarettes are less harmful, and they have deemed this a, quote, “urgent public health issue.” There must be strongly worded warning labels on tobacco products, constituting no less than 50 percent of the packaging, as well as strong clean indoor air laws, with bans on smoking in any indoor area. Secondhand smoke kills 55,000 Americans every year without their necessarily ever taking one puff of a cigarette.

With strong and effective tobacco policies in place, a huge step is taken to prevent youth to be influenced by the ill-intended tobacco industry. Your decisions and leadership will have a direct influence on youth. For example, in the late 1980s, the U.S. threatened trade sanctions against Taiwan, as well as Thailand, South Korea, and Japan, if they did not open their markets to U.S. cigarettes. Sure enough, when the countries acquiesced to the government's ultimatum, smoking rates among high school students there rose 50 percent.

It is absolutely deplorable to know that the United States has, thus far, not been a leader at the international front to protect children's health with this issue. Seeing as this nation is home to several of the tobacco companies causing so much of the physical and economic toll of tobacco, it is only fitting that we assume some responsibility to curb the harm these companies cause the entire world. We demand that the U.S. government place health before profits.

The choice is clear: Through your positions on youth issues of the Framework Convention, you will either stand up for public health, or be against it, by being a leader and advocate for effective policies that work, by passively letting weak policies be enacted, or by working against those doing the right thing. We have faith, though, that you will make the right decision and push for strong tobacco control policies. You have a chance to save millions of my peers' lives. And so, I thank you for your sincere consideration of these issues. We are counting on you to be an advocate for both today

and tomorrow's youth. It is a gift beyond words to describe. You can be heroes to millions and millions of children. The question is: Will you? Thank you very much.

Kenneth Bernard, M.D.

Thank you, Katherine.

Rosemarie Henson

Thank you, Katherine. Can I ask a question?

Katherine Klem

Of course.

Rosemarie Henson

Thank you today for your great presentation. Tell me a little bit about what the role of the youth will be around the world – if we see the Framework passed, what will be your role? How will you help make these policies a reality?

Katherine Klem

Well we certainly, the youth, especially with the Campaign for Tobacco-Free Kids, look forward to working with the U.S. delegation and any other organizations to make tobacco control policies strong and enforceable. We actually have a wonderful

international department with the Campaign, and we actually have – the award I mentioned before, the Youth Advocate of the Year Award, this is the first year that we have an international award. So we have youth specifically working on these international issues. But, certainly, we — actually this youth — is working with teams in Africa, I believe Uganda, working to build these coalitions, so that these policies enacted through the Framework Convention will be enforceable, that there will be a grassroots support by youth in these countries to support these measures that we hope you will put in place. And certainly we look forward to working both with organizations like the U.S. delegation, and other worldwide organizations, but we also look forward to working with youth, to make sure that there is real grassroots support coming for those policies.

Rosemarie Henson

Thank you.

Katherine Klem

Thank you.

A. Jenny Foreit, Campaign for Tobacco-Free Kids

Good morning, and thank you for the opportunity to speak to you today. My name is Jenny Foreit, and I'm with the Campaign for Tobacco-Free Kids, which is a Washington, D.C.-based health advocacy organization. For nearly three years, we have

been active in raising domestic awareness about the Framework Convention on Tobacco Control. Our role has been to educate, inform, and listen to the American people about the FCTC, to hear their voices, and to represent them in Geneva, alongside the voices of civil society from around the world. The United States government is a government of the people. I stand before you today representing not my organization, but the people, thousands of American citizens who have voiced their opinion on the proper role of the U.S. government at the FCTC negotiations. Through paper and online petitions, they are standing behind several fundamental positions that are necessary for an effective treaty. My associate, Mr. Butts, will give you copies of the more than 9,000 signatures that we and other organizations have collected so far on the first petition. This petition is titled, “Support Health, Not Tobacco: A Petition for United States Leadership.” It reads as follows:

“We are Americans who believe our nation should lead the fight for the adoption of the strongest possible Framework Convention on Tobacco Control. This international tobacco control treaty, under the auspices of the World Health Organization, represents an essential tool in the fight to curtail tobacco sales and marketing that now claim the lives of four million people, including over 400,000 Americans, each year. We call upon President Bush to support the negotiation of a treaty that will ban all forms of tobacco advertising to the maximum extent permitted by national constitution, to stop smuggling of tobacco products, fully protect the public from secondhand smoke, prohibit tobacco industry deception about its products, and end the use of international trade agreements to

promote tobacco sales. It is time to stop supporting treaty positions that would only benefit the multinational tobacco companies. The United States should take the side of health over tobacco.”

The second petition that we have for you today has been signed by more than 1,000 young people. Many of them also signed the banner that is being unfurled behind me. This petition asks that the U.S. government show leadership in keeping tobacco out of sports, be it through direct sponsorships of sporting teams, events, or venues, or through the industry’s so-called anti-youth smoking efforts. This petition was titled: “Support Health, Not Tobacco: Keep Sports Clean, Protect Youth by Banning Tobacco Sponsorship of Soccer and Other Sports.” Its text reads:

“We are outraged that the tobacco industry is permitted to continue marketing its deadly products to youth through sponsorship of sports like soccer. It is vital that a uniform, international standard be established that protects soccer and other sports from the deadly and corrupting influence of the tobacco companies. Voluntary efforts, such as those recently advocated by FIFA, have been ineffective in eliminating tobacco advertising and sponsorship of sporting events, like the 2002 World Cup. We believe the Framework Convention on Tobacco Control is an essential tool in the fight to curtail tobacco sales and marketing that now claim the lives of four million people every year. At a minimum, this treaty must include provisions prohibiting advertising and sponsorship of sports by tobacco products. Such sponsorships promote youth tobacco

use by conveying a dangerously deceptive message that smoking is compatible with athletic performance and health. In fact, the opposite is true and the United States should assure that sports like soccer, which are so popular with the world's youth, not be used by tobacco companies to promote the sale of their addictive products. Join us in supporting health for the world's children by keeping tobacco out of sports.”

As you, the delegates, take the messages from this hearing back to Washington, I ask that you keep in mind the opinions of more than 10,000 Americans. They have just concerns about the image that this country projects, how the government's positions affect the rest of the world, and they have decided to inform their government of their concerns. They are counting on you to take the right position to help negotiate a strong, effective tobacco control treaty that elevates the protection of global public health over the protection of the multinational tobacco industry. Thank you.

Kenneth Bernard, M.D.

Thank you very much.

John R. Bloom, International Union Against Cancer

Good morning. It's a pleasure to be here today representing the International Union Against Cancer. The UICC is an independent, international, non-governmental association of 291 cancer-fighting organizations in 87 countries. My name is John Bloom, and I am representing the President of the UICC, Dr. John Seffrin. The UICC

has been a leader in international tobacco control for more than two decades. We've watched as the health gains we've made in high-income nations have been overshadowed by the growing toll of disease and death caused by tobacco in low- and middle-income nations. As you know, U.S. tobacco companies now sell many times more cigarettes abroad than they do at home. The tobacco industry has used government agencies, trade agreements, and sophisticated marketing tactics to promote smoking in nations where the health effects of tobacco use are not widely appreciated. Using images of freedom, democracy, and equality, U.S. tobacco companies have deliberately associated their lethal product with the symbols of America.

The UICC applauds the World Health Organization for its efforts in developing and advancing the FCTC. The United States should lead in this landmark effort by supporting a strong, enforceable treaty that supports governments in their efforts to protect the public health in every country. We firmly believe that the protection and promotion of public health should be the paramount concern of every provision in the FCTC. The scope of disease, death, and economic loss caused by tobacco use is such that concern for public health should always outweigh commercial considerations. In addition, the FCTC should prevent countries from promoting tobacco use in other countries, or from undermining their tobacco control policies. The U.S. should support a strong treaty that will inform consumers about the dangers of tobacco and prohibit misleading descriptions, such as "low-tar," "light," or "mild" on cigarette packages. This

deceptive advertising should be replaced with warning labels on packages that would cover at least 50 percent of the package with health warnings and consumer information.

The FCTC should not endorse ineffective approaches to tobacco control, such as measures that would only apply to youth, but instead should embrace policies widely recognized as best practices in tobacco control, including a comprehensive advertising ban wherever constitutionally possible, and smoke-free public places. We believe the United States has an obligation to focus on leading the international public health effort by supporting and demanding the strongest possible Framework Convention. The UICC shares concerns raised by the Framework Convention Alliance, and we hope that the United States will reconsider many of the positions it has supported in this process in order to forge a strong and enforceable Framework Convention.

Thank you, and we of the UICC look forward to working with you, and hope to be working with you, both here and in Geneva. Thank you.

Kenneth Bernard, M.D.

Thank you, Mr. Bloom.

Roy Branson, Co-Chair, Interreligious Coalition on Smoking or Health

I am Roy Branson, co-chair of the Interreligious Coalition on Smoking or Health, that includes organizations of the Christian, Jewish, and Muslim faiths, including such well-known groups as the National Council of Churches, National Association of Evangelicals, and you'll find out later, United Methodist Church, YMCA, YWCA. Last year, we submitted a petition signed by 45 leaders of various faiths, a petition to the President, and we resubmitted it this year. We still have not received a response. I appreciate the opportunity to share with you what it was that was submitted as a petition to the President.

First, the Hebrew scriptures say that Yahweh declared to Cain, after the first murder, "Listen, your brother's blood is crying out to me from the ground." All religious communities believe that God creates and preserves life. All religious communities teach that life given by God should be valued and nurtured, and that the innocent should not be killed. As religious leaders, we cannot remain silent when each year the deaths of four million of God's children, killed by tobacco, cry out to us. We must raise our voices when multinational tobacco companies are permitted to knowingly market deadly products to children, that will kill a half a billion of God's creatures alive today.

Second, the New Testament scripture of Christians reports that Jesus said to his disciples: "Let the little children come to me, and do not stop them, for it is to such as these that the kingdom of God belongs." All religions regard caring for the vulnerable,

particularly the young, as a special responsibility. We cannot remain silent when a quarter of a billion children alive today — 250 million — will eventually die from tobacco-related disease, when almost half of the world's children, 700 million, are exposed to the deadly fumes of tobacco smoke. We cannot remain silent when tobacco companies are deliberately endangering children growing up in our religious communities around the world. These smallest of God's creatures are being bombarded with tobacco advertising. Worldwide, tobacco companies sponsor events popular with youth, including tennis tournaments, auto races, and concerts of international rock stars. As a result, each day, 80,000 to 100,000 children and teenagers worldwide become addicted to tobacco — 80,000 to 100,000 every day.

We must particularly speak out when the international tobacco companies target girls and women within our communities. The tobacco industry aims at girls and women, despite knowing that women who smoke are twice as likely as nonsmokers to develop coronary heart disease, that child-bearing women who smoke have much higher numbers of spontaneous abortions and stillbirths, and that women have more difficulty quitting smoking than do men.

Third, the Muslim scripture records that Muhammad instructed his followers, “Do not harm yourselves or others.” Our family of faith includes billions of our brothers and sisters in every part of the world. Our religious convictions teach us that it is unjust for those with relatively greater wealth and protection from this man-made pandemic to

ignore those living in poorer nations. If present trends continue, poorer countries of the world will account for 70 percent of all tobacco-related deaths by 2030. Tragically, it is not by accident that this epidemic is now spreading in developing countries. Multinational tobacco companies, manipulating lower trade barriers, have deliberately and aggressively spread deadly tobacco products worldwide.

So, in conclusion, when a man-made epidemic is wreaking disease and death on the weakest of our brothers and sisters, we as leaders of the world's communities of faith within the United States must petition the President to lead the nations of the earth to act concretely on behalf of the most vulnerable: women, children, and the poor. And we ask the President of the United States to affirm – remember, we submitted this a year ago, it's rather general. First, that all parts of the executive branch of the United States have been instructed to not use any of their powers to promote the sale, marketing or advertising of tobacco products to or in other nations. Second, that the United States diplomats have been instructed to assist nations to which they have been posted to develop effective tobacco control programs. And finally, that the United States delegates to the negotiations of the Framework Convention on Tobacco Control have been instructed to support provisions in the Convention that assist low- and middle-income nations to curtail tobacco consumption, and to protect non-smoking members of society, especially the most vulnerable members of society.

I wish to just point out to you that the signatories to this petition include representatives of Muslim, Christian, Jewish, Baha'i faiths, and it includes the general secretary of the General Board of Church and Society of the Methodist Church, the general secretary of the American Baptist Churches, the editor of the largest Protestant journal in the United States, the president of the Seventh-Day Adventist Church. If you look at number 16, the Regional Superior of the Catholic Foreign Missionary Society of America, and Ed McAteer, president of the National Religious Roundtable. We have not heard a response, and we would hope that this is being taken seriously. Days ago, our nation mourned the premature death of thousands at Ground Zero. Today the communities of faith mourn the premature deaths of millions from tobacco. We ask you to take action that can help prevent the premature deaths of millions from tobacco, the deaths of our co-religionists around the world. Thank you.

Kenneth Bernard, M.D.

Thank you very much.

Judith P. Wilkenfeld, Director, International Program, Campaign for Tobacco-Free Kids;
U.S. Member, Steering Committee of the Framework Convention Alliance

Dr. Bernard and delegates, good morning. My name is Judy Wilkenfeld, and I'm the director of International Programs for the Campaign for Tobacco-Free Kids. And first I'd like to thank you for allowing so many of us from the Campaign to appear in our various, different iterations, and not just for the Campaign. I'm speaking today on behalf

of the Steering Committee, which I'm the U.S. member of, to the Framework Convention Alliance. The Framework Convention Alliance is a coalition of more than 180 groups from over 70 countries working together to help enact a strong Framework Convention. A majority of the members of our group come from developing countries or the countries of Eastern Europe and of the former Soviet Union, countries that are bearing the brunt of the global tobacco epidemic. It is their countries who will be most affected by what comes out of the FCTC process, and it is for them that I would like to speak today.

You asked us to hold other countries accountable, and you're correct, it is not just the United States that is a player in this treaty, but every other country of the world that is participating. That's why our members are taking part in all of the regional meetings, and all of the local meetings that are taking place around the world in preparation for the next negotiating session. We take this process very seriously, and we take the opportunity, whenever presented, to speak with our governments around the world.

I want to thank the Department of Health and Human Services for holding this public meeting to solicit comments on the Framework Convention. The Alliance sincerely hopes that the hearings will lead to a change in the U.S. negotiating posture in the negotiations to one that actively supports public health over the interests of the tobacco industry. I want to be frank and say that the Alliance is extremely disappointed with the U.S. negotiating position so far. Current U.S. efforts to weaken and water down the treaty are not befitting of a great country, nor are they appropriate, given the central

role that the U.S.-based tobacco companies have played in spreading the epidemic, and are continuing to play to this day. We hope and trust that the U.S. delegation will take this opportunity to undo a lot of the damage that's been done to the negotiations so far. I think you've heard a number of times that the Alliance has identified four key areas. I won't belabor them. They're trade, packaging and labeling, advertising, and smuggling. We believe these areas need to be looked at seriously and strengthened in order for there to be a strong Framework Convention.

I want to focus on the one that we consider in the Alliance to be perhaps the most critical to the viability and implementation of the Framework Convention, and that is the positions on trade. What I will talk about you've heard others speakers speak of before. You'll hear it again, and it's probably because if these provisions are enacted the way the Chair's text have them, the treaty itself will have very little effect upon the tobacco control efforts of many countries. Instead of granting public health primacy, the Chair's text appears to go to some length to subordinate the FCTC to trade agreements. Up until now, the U.S. delegation has not only agreed with that position, but has supported it, and has taken a pro-trade, a pro-tobacco industry stance. It has continued to oppose efforts to allow parties to the Convention to create more appropriate exemptions for trade in tobacco products, despite overwhelming support for such exemptions by other countries, including some of our major trading partners. The Administration's refusal to back provisions that prioritize public health over the tobacco industry is troubling, given the much understood and known history that the U.S. played in opening the markets of

Southeast Asia and Asia. I won't go through it again, you've heard it enough times, but the markets of South Korea, Japan, Thailand and Taiwan are now open to our companies because of actions that our government took in the 1980s. We believe the United States, because of this, has a responsibility to reverse the damage that has been done by our country and by our companies. Therefore, it should support provisions that will take tobacco trade out of the traditional trade treaties that support free and open trade.

The Chair's text fails to include several important proposals that have enjoyed widespread support. One, language reflecting the negotiating parties' intent to make public health concerns a higher priority than commercial and trade concerns. Two, a commitment by parties not to promote tobacco product exports or tobacco use in other nations. And three, a provision acknowledging that actions to protect the public from the proven harms of tobacco use are justified, even in the absence of complete scientific certainty about the effectiveness of proposed remedies.

If such provisions are included, the Framework Convention will go a long way toward promoting public health. There are three primary reasons for doing this, which I'll go through quickly: International trade rules are designed to increase and stimulate trade in beneficial products. Tobacco products are not a beneficial product. When used as directed, they cause addiction, disease and death. Second, there are very ample precedents for allowing these kinds of treaty provisions. Trade treaties are broad agreements that establish general rules. And specific agreements are developed as

necessary to address unusual products. You've heard the unusual products that have already been dealt with in trade treaties. They relate to small arms, land mines, narcotic drugs, ozone-depleting chemicals, persistent organic pollutants, genetically-modified foods, and on and on and on. There are numerous examples in international law where you can carve out special treaty provisions for products that are different. Tobacco is different than every other product. It is a consumer good that when used as directed kills. It should be taken out of normal trade agreements.

And finally, we do know that this industry has a proclivity to use the trade treaties to force countries to undo or to forgo tobacco control measures that will be effective. We don't promote protectionism. We won't want trade discrimination that's disguised as tobacco control policies. But there are rules and regulations that need to be enacted in countries in order for there to be effective tobacco control, including simple things like large warnings and a ban on "light" and "low-tar." The industry has taken opportunities even recently to challenge those types of provisions on the basis of trade treaties. The Canadians were told that if they tried to ban "light" and "low-tar," the industry would considering a NAFTA Chapter 11 action. The Thais were told if they wanted to try to increase their warning to a size that might be more effective in their country, that the industry would try to bring a WTO action. These are the sort of things that we think need to be addressed if there's going to be an effective Framework Convention on Tobacco Control. Thank you for your attention.

Kenneth Bernard, M.D.

By the way, is there anyone in this room that doesn't know Judith? Good morning.

Marianne Bouldin, Executive Director, CHART (Committee for a Healthy and Responsible Tennessee)

Good morning. I'm Marianne Bouldin, and I'm the executive director of the Campaign for a Healthy and Responsible Tennessee. And welcome to Nashville. Our organization represents more than 30 health and community organizations dedicated to reducing disease and death caused by tobacco, through meaningful policy change. We are also part of the Smokeless States Group Program nationwide.

Tobacco produces a tremendous toll on individuals in a tobacco-growing state. Every hour of every day, Tennessee citizens are receiving a diagnosis of disease, and every day they are dying. However, a tobacco-growing state is not the only place where there is a problem. CHART was formed three years ago in order to monitor and advocate for the appropriate allocation of funds through the Master Settlement Agreement. One of our ongoing goals is to call for Tennessee's tobacco settlement dollars to be used for the intended purpose: to reduce illness, disease and death related to and caused by tobacco. At the present time, the State of Tennessee does not allocate any dollars to the prevention and control of tobacco. This fact is unacceptable to public health advocates, and CHART continues to speak out in favor of appropriating the Master Settlement Funds to

education, prevention, treatment and control programs. Additionally, this past year, CHART called for a 30 cent increase to the state's tax on a packet of cigarettes, a tax that had not been raised since 1969. The 13-cent tax ranked among the lowest in the nation. As you are no doubt aware, a major deterrent to youth smoking is cost. The higher the cost of a pack of cigarettes, the less kids will smoke. We were able to raise the tax by just seven cents, and that amount is much lower than the national average, and not enough to effectively reduce youth consumption. Seven cents is just a start, however, and we will continue to pursue this objective.

The obstacles we must overcome in Tennessee are very much the same issues that are being dealt with around the world. Like everyone else, I have a personal story. My father, who is age 77, lives in France. His entire professional career was spent at the United Nations, the World Health Organization, and most recently as a political analyst for U.S. affairs in France. He smoked for 30-plus years, finally quitting about 15 years ago. Today, he carries an oxygen tank with him, and is suffering from pulmonary fibrosis and emphysema. It is horrible to see individual men and women who have worked long and hard, only to spend their golden years disabled, diseased, and ultimately dead from tobacco. The disturbing part of this story to me is that my father's generation, my generation, and my daughter's generation are subject to the irresponsible marketing and advertising and distribution tactics of the big tobacco companies. We have been shown that smoking cigarettes equates glamour, success, money, and in the case of women, svelte bodies and independence. I don't believe that the message has changed

much, only the tactics. Now instead of “in your face” advertising, there are covert methods of pushing the product that are continuing to affect the behavior of today’s youth. Nothing encourages tobacco use like tobacco advertising, and that is why we must support a total ban on all direct and indirect tobacco advertising, as has been mentioned earlier, all throughout this morning.

In closing, let me also say that while tobacco control is an issue of public health, it is also an issue of social justice. Here in Tennessee, as in Chicago, Illinois, Baltimore, Maryland, and Marseilles, France, Big Tobacco devotes much of its advertising to vulnerable minority populations, campaigns that are targeted directly towards addicting young men and women living in underserved communities, once again glamorizing the “smoking life,” So, wherever we are, the problems are still the same. And so is the solution: A strong worldwide enforceable treaty that holds tobacco companies responsible and accountable, and supports individuals, community organizations and governments in their efforts to promote public health. Please know that we want the United States to take a leadership role in the FCTC. And once again, I applaud your diligent work, it’s very hard work, and look forward to a day when tobacco policy is no longer an issue. Thank you.

Kenneth Bernard, M.D.

Thank you Ms. Bouldin. By the way, is it the Tennessee pronunciation or the French pronunciation of your name?

Marianne Bouldin

Pardon me?

Kenneth Bernard, M.D.

Is it the Tennessee pronunciation or the French pronunciation of your name?

Marianne Bouldin

Oh, it's actually the Washington, D.C. pronunciation. (Laughing)

Kenneth Bernard, M.D.

Thank you. I'm going to make a point. We're not near halfway done yet, and for those of you who are going to be waiting a long time, I exhort you to go through and take out parts of our presentations which may be repeating what people have said before, or going through long lists of statistics. We are all very familiar with them. What we're interested in is your specific opinions and the specific issues you may have with the Framework Convention. And if you speak beyond five minutes, I'm going to start cutting people off, just in order to get everybody in today. Thank you.

Scott Ballin, Alliance for Health Economic and Agriculture Development (AHEAD)

Hopefully, I'll give you a different perspective on some stuff. My name is Scott Ballin. I'm here today on behalf of the Alliance for Health Economic and Agriculture Development. This is an organization of 20 organizations and individuals dedicated to the enactment of the commission report, "Tobacco at a Crossroad." Mr. Andy Shepherd, a tobacco farmer from Virginia, and a member of the Flue-Cured Stabilization Board of Directors, and a member of our steering committee, was supposed to be here today, but he had a family emergency. The recommendations of the report, which you have as part of the testimony, includes both agricultural as well as health recommendations. And I think it will be very useful to you as you work through the Framework Treaty Convention, because we're not only at a crossroads of tobacco in the United States; we're at a crossroads of tobacco on a global level as well. So I encourage all of you to take that report with you to Geneva, and take a look at it.

For the last eight years, tobacco growers and public health advocates in the United States have been dialoguing and talking and trying to work together on what might seem to be irreconcilable differences. We've resolved a lot of issues, and I hope that we'll be able to do this on the international level as well. Tobacco growers are increasingly understanding that tobacco is a serious public health problem, not only here in the United States, but also on the global level. There are few, if any, growers that I have talked to who want to see any of their children smoke, and that's a pretty accurate statement. My

background is in public health, just so you know. I spent 25 years working with the American Heart Association in tobacco control, and so I'm bringing a very unique perspective in representing some of the growers' interests here today.

The Alliance believes that our experience and what we have learned here in the United States can and should be a model that can be applied on a global scale. Change is not going to come easy. It's going to take both vision and leadership from a number of stakeholders, including the international agencies, WHO, the UN, the FAO, the World Bank, governments, NGOs, tobacco growers and trade associations, and even industry.

Here in the U.S., a significant number of the tobacco grower organizations — and that represents the co-ops, the major representatives of the growers in both the flue-cured and burley belts, as well as many of the tobacco grower associations, in all the tobacco states, have agreed on a set of health principles designed to reduce disease caused by tobacco. Articles 9 through 14 of the Chair's text lay out a series of public health recommendations that mirror many of the provisions contained in the commission report. These include such things as the need for governmental regulation over the manufacture, sale, distribution, labeling, and advertising of all tobacco products. And I won't go into the details; you know what those are. It also calls for the developing of effective and comprehensive public awareness campaigns on a national scale as well as a global scale. And supporting the tobacco dependence treatment and cessation, which hasn't gotten mentioned much today. But growers want to help smokers quit.

In the tobacco production side, in consideration of public health goals related to tobacco use, issues related to tobacco production often have gotten lost or ignored. These include the environmental issues, working conditions for tobacco farmers, the dependence of entire populations and communities on the production of tobacco, and the enormous political and economic clout wielded over the entire system by large international tobacco conglomerates. As the parties to the treaty seek to reduce disease caused by tobacco use, they must also, individually and collectively, focus on changing the environment in which tobacco is grown and processed and marketed. The system that exists today throughout the world is in some ways feudal in nature. Attention must be paid to bringing tobacco production into the 21st Century. Doing so will improve the working conditions for tobacco growers; improve the environment through the implementation of new technologies in the curing of tobacco; reduce and more effectively control the use of pesticides, employ new technologies in the leaf itself that not only take into consideration color and taste, but health and safety; establish a more effective system for testing tobacco and setting international standards, monitoring that production, and also looking at imports and exports more carefully. It also will include tying production/manufacturing/ marketing to public health goals, which I think we are doing in this country for the first time, which would serve as a model.

We believe that the recommendations set out in Articles 19 and 22 represent a good start towards accomplishing fundamental changes in the production arena. The challenge will be to ensure that these lofty goals get accomplished. While it's important

for participating parties to the treaty to take a leadership role, effective implementation will require leadership and a commitment of resources by international bodies as well, not just by WHO. Tobacco taxes or other forms of user fees can be a way of raising revenue to help farmers reduce their dependence on tobacco. While no grower will say that they want to see a tobacco tax, here in the United States, tobacco taxes and user fees are being used and talked about as a way to assist tobacco farmers in reducing their dependence on tobacco, and finding alternatives to tobacco production, as well as helping them get a tobacco buyout. So I think that one of the things you need to consider in the tax Article, #6, is adding something that recommends that countries who are dependent on the production of tobacco, consider dedicating a portion of that tax to assisting tobacco producers and their communities reduce their dependence.

In conclusion, whether it's production, manufacture, sale, distribution, or the marketing of tobacco products, whether it's the health problems and costs associated with tobacco, the effects on the environment, the subject of tobacco is clearly international in scope. I hope that what we are doing in the United States in trying to bridge the gap between health goals and grower goals can be used at the international level as well. Thank you.

Kenneth Bernard, M.D.

Thank you very much.

Boyd Romines, Executive Director, American Lung Association of Tennessee

Good morning, ladies and gentlemen. Welcome to Nashville. My name is Boyd Romines. I am the executive director for the American Lung Association of Tennessee. We truly appreciate your willingness to be here today. We particularly admire your willingness and ability to sit there for hours on end and listen to all of us who have very strong opinions – so far without a bathroom break, and that’s really admirable.

Kenneth Bernard, M.D.

It’s coming. It’s coming. (Laughing)

Boyd Romines

Okay. We, obviously, have very strong interests in tobacco issues. But the issues raised by the Framework Convention have huge medical implications. They have, beyond that, moral and ethical implications, and even implications for our desire as a country to have friends throughout the world, rather than enemies. I’d like to refer to each of those three briefly, and I will try to avoid some of the statistics that you’ve already heard. The one thing I will say, in terms of statistics in Tennessee, is that we do see the devastating impacts of that, literally daily, with one person every hour of every day dying in Tennessee from tobacco-related issues. Ninety six hundred mothers, fathers, children, people that we love, die unnecessarily prematurely every year in this country. Tennessee ranks third nationally in the rate of death from smoking. More

alarming is the implications for children. And you've heard the statistics in Tennessee: Twenty-five percent of middle school students smoking, 40 percent of high school students smoking, and almost of half of high school boys smoking.

These numbers exist in large part, we believe, because of the huge influence of the tobacco industry, and because of the lax nature of the controls that our state governments have been willing to put into place to control and to influence smoking among children and others. The influence of the tobacco industry is huge in our state. There are those who would say that the tobacco industry owns our State Legislature. I have literally sat in the gallery of the State Legislature and watched tobacco lobbyists in the balconies telling legislators how to vote on tobacco issues during the sessions. Ms. Bouldin referred earlier to the fact that we had a 13-cent tobacco tax since before men walked on the moon. That's because the tobacco industry said, "No, you're not going to raise the tobacco tax."

The influence of the tobacco industry meant that every city and county in this state lost the right to protect its citizens, to pass laws against tobacco, or to control tobacco, through a preemption clause in 1994. The only opportunities that exist are for the State Legislature, basically, to control smoking throughout the state, and that's a State Legislature that allows smoking in virtually all state buildings and, as you've heard earlier, allows smoking in the very halls where the laws are being made. And the influence of the tobacco industry meant that a law passed in 1994 ostensibly to protect

children from tobacco use was intentionally unenforceable, and remained that way until the American Lung Association and our friends and allies were able to change that law in 1999. And, finally, the unwillingness of our state to implement controls and fund programs that would impact tobacco means that of the \$150-200 million that the state is to get per year in tobacco settlements, not one dollar has been allocated to tobacco control and health issues. Not one.

The point of stating these facts is not just to talk about what is going on in Tennessee, but to refer to what we believe are the implications for the world, and for this treaty that you are working on. We cannot depend upon the tobacco industry and our state legislators or our national legislators to pass laws, to make decisions, that will be supportive of public health. Money and profit are important and honorable parts of our free enterprise system. But when profits cause corporations to aggressively attempt to addict children to deadly products, when political donations by those companies influence our leaders to ignore the health impact of those deadly products, when tax collections on tobacco products cause entire states to wink at the impact of tobacco, then there's something tremendously wrong with the system.

Finally, Americans are rightfully concerned about how citizens of the world think about us and why many of them look on America in a poor light. Our country spends hundreds of millions of dollars each year, and a lot of political influence, trying to cause other countries to limit or stop the flow of production of addictive and deadly products

and their distribution in our country. It is immoral and unethical for our country, in turn, to encourage corporations in America to market tobacco in those other countries, many of those very same countries, tobacco which will in turn cause addiction, death, and disease to their citizens. If we continue to choose such paths, the citizens of the world will take notice.

These are some of the terrible consequences that not taking a strong stand to fight a deadly epidemic with the strongest possible tools will incur. These are the consequences of treating tobacco foremost as a marketable product, and not as the deadly product that it is. We urge you to support a strong enforceable treaty that will hold tobacco companies accountable. The treaty must place public health as its primary object, and provide governments with the tools and support they need to protect their citizens from the unique threat of tobacco. We at the American Lung Association urge you to strongly empower nations to protect their citizens, and above all, not to help erect barriers that will result in death and disease among millions more. Thank you very much for your time.

Kenneth Bernard, M.D.

Thank you, sir. And I'm going to step out for a moment. I'll turn this over to Rosie Henson and I'll be back in just a few minutes. Please carry on.

Rosemarie Henson

Yes, sir.

William Voight, Chair-Elect, American Lung Association

Good morning. I am Bill Voigt, Chairman-elect of the American Lung Association, one of the oldest voluntary health agencies in the United States, founded in 1904. The mission of the American Lung Association is to prevent lung disease and to promote lung health, and our vision is a world free of lung disease. For more than four decades, we have helped lead the fight against tobacco disease and addiction. I appreciate this opportunity to testify and we thank you for your time and your consideration.

The World Health Organization has taken a very powerful step initiating the first international treaty on tobacco control. The WHO recognizes that we have a global epidemic of disease, suffering, addiction, and death caused by tobacco use. And according to a report by the WHO, by 2030, ten million people will die annually of tobacco-related disease, with 70% of those deaths occurring in developing countries. This deadly epidemic is spread by the tobacco industry, led by U.S.-based Philip Morris and British American Tobacco, whose greed consistently puts corporate profit above people's lives. Philip Morris has methodically targeted our most vulnerable populations here in the United States and across the globe.

The Framework Convention seeks to halt the growing epidemic of tobacco use and addiction and institutionalize effective, scientifically based tobacco control and prevention policies, but tragically, it appears that these goals are being lost as political, economic and trade considerations pre-empt the inclusion of proven tobacco control provisions in the treaty. The recent Chair's text is a disappointment. It is weak on many of the most important tenets of an effective convention. A real concern is that if the Chair's text is not strengthened, then the world will be left with a meaningless treaty and tens of millions of people will continue to suffer from tobacco-related diseases.

We urge the United States to support efforts to strengthen the treaty. Specifically, the American Lung Association would like to see the following provisions made stronger: The Chair's text on advertising, promotion and sponsorship is unacceptable. If left as it is, it will be ineffective in stopping tobacco industry marketing to children. Meaningless vague language, such as "with a view to gradually eliminating" and "in accordance with its capabilities" should be deleted. The Convention should instead include strong language that carries a clear commitment to a complete ban on all advertising, promotion and sponsorship up to the limits of any constraint imposed by a domestic constitution. In the United States alone, the tobacco industry spends \$9.57 billion a year on advertising and sponsorship. The American Lung Association believes that commercial speech, like tobacco advertising, can be strictly regulated under the U.S. Constitution. Further, other countries to the Convention are not bound by the U.S.

Constitution and, in fact, some countries have already banned tobacco advertising. The Administration should not stand in the way of a global advertising ban.

The Chair's text on passive smoking is too vague and will not protect public health. The current language calls for "adequate" protection from exposure to tobacco smoke. The only way to provide that "adequate protection" is to ban smoking in public places. Secondhand smoke is hazardous to the health of all people. In the United States, a study by the Environmental Protection Agency stated that an estimated 3,000 lung cancer deaths per year in nonsmokers are caused by secondhand smoke and it may be responsible for the annual onset of between 8,000 to 26,000 new cases of asthma. Children are especially powerless to control their exposure to secondhand smoke, and yet they are the population most adversely affected by it. The recent Global Youth Tobacco Survey found that 60 percent of students reported being exposed to secondhand smoke in their homes and in public places. We urge the United States to push for the inclusion of language that would ban smoking in public places, including workplaces, public transportation, schools, childcare facilities, hospitals, and health facilities.

The American Lung Association is very concerned about language in the Chair's text regarding trade. Preserving the proposed language would endanger public health. Countries would have the burden of proving that tobacco control measures are not "arbitrary and unjustifiable." The Chair's text puts the burden of proof on those who want to protect public health, as opposed to those who seek to expand tobacco's deadly

reach. The Chair's text might also subordinate tobacco control measures in international trade rules that favor commercial over public health concerns. One consequence of this language may be to stymie innovative tobacco control programs.

Tobacco is not like any other consumer product. It is deadly when used as intended. The American Lung Association supports the inclusion of provisions in the Convention that ensure that the interests of public health always prevail over the interests of trade.

I have listed just a few pressing examples of improvements we hope are made in the treaty. The American Lung Association has submitted more detailed comments on the Framework Convention for your consideration. As an important and respected world leader, the United States must stand up for the health of all people everywhere. During the past negotiating body meetings, the United States has failed to do so. Instead, our delegation has worked to undermine and weaken the most effective provisions. The United States can still take a leadership role in developing this treaty by lending its full support in establishing effective tobacco control policies globally, or the United States can create obstacles to the rational control of this global epidemic. The world is watching. We urge you to make the right choice. Thank you.

Rosemarie Henson

Thank you, Mr. Voigt. Can I ask the speakers a question? Speaker 34, Bishop Morris, has to leave for a doctor's appointment, I understand. Would there be any objection from the speakers waiting to let him move forward? If that's okay, we'll ask him to speak right after. Thank you very much.

Gail Brabson, R.N., Greater Knoxville Coalition on Smoking OR Health

Good morning, panel. I would like to thank you for the opportunity to testify at this public hearing on the Framework Convention on Tobacco Control. My name is Gail Brabson. I'm a registered nurse, and I'm a member of the Greater Knoxville Coalition on Smoking OR Health. We are a community-based coalition with 46 members, representing 33 agencies. The Greater Knoxville Coalition on Smoking OR Health's mission is to reduce death, disease, and disability related to the use of tobacco by:

- (a) preventing the initiation of tobacco use; (b) promoting and advocating quitting the use of tobacco products; (c) eliminating exposure to environmental tobacco smoke; and
- (d) supporting the tobacco farming communities in gaining independence from tobacco crops, as well as identifying and assisting those population subgroups most impacted by tobacco and its use.

In three short weeks, negotiations in Geneva reconvene, and the United States has an obligation as a world power to support a strong, effective global tobacco treaty. This

support of an enforceable treaty would hold tobacco companies accountable, and support governments in their efforts to protect and promote public health of their citizens. The tobacco industry has aggressively targeted developing nations to find new customers for its deadly products. Multinational tobacco companies have exploited the liberalization of trade and the globalization of marketing to enter new markets, and then export their sophisticated lobbying and public relations operations to thwart tobacco control initiatives. I am here today because to-date the U.S. has sought to weaken key provisions of the treaty dealing with consumer protection, advertising, and measures that put public health ahead of trade. The protection and promoting of public health should be the sole purpose for all of the positions of the U.S. negotiating team to the FCTC. As citizens of the United States, we cannot allow a U.S. position that would facilitate the tobacco industry assault on the developing world, rather than empowering countries to protect the health of their citizens.

The reality is that the tobacco industry has not turned over a new leaf. The industry continues to aggressively promote tobacco use in every corner of the world. If history has taught us anything about the tobacco industry, it is that it will change only if forced to change. The U.S. has an obligation to protect developing countries from the costly lesson we learn every year here in the U.S. The haunting lesson is that 400,000 Americans die from tobacco-related causes across our great nation every year. As a global power, the United States has an obligation to prevent this tragedy to happen to citizens of unsuspecting developing countries.

I also would like to share my personal testimony of how tobacco has affected my life. My mother was a heavy cigarette smoker for 52 years. She began smoking at age 14. My brothers and I grew up in that secondhand smoke for 18 years of our lives. We all suffered many upper respiratory infections and some hospitalizations as a result of the secondhand smoke. Ten years ago, my mother was diagnosed with throat cancer. She endured seven long months of chemotherapy and radiation treatments. Thankfully, due to improved cancer treatments, my mother is alive today. I would not wish for anyone or their families to experience what my mother and my family experienced due to the effects of tobacco. I would raise the question: Can other world countries afford to pay the medical expenses that are incurred as a result of tobacco and its use? I feel it is our responsibility as individuals, and a nation, to help educate our children, our teens, and our adults worldwide on the harm that tobacco use can cause. Thank you for your attention.

Rosemarie Henson

Thank you very much.

Bishop William Morris, United Methodist Bishop of the Nashville Area

I want to begin by expressing appreciation to the Committee for coming to Nashville to hear us, but also to those of you who are allowing me to have this opportunity to speak, though my number is not the same as yours, and I appreciate that.

And the Chairperson's already indicated, having heard all the statistics, and so I don't simply want to go down that particular road, because you have that, and as indicated, I would affirm those read you by Dr. Roy Branson. And my name is William Morris, and I'm a United Methodist Bishop of the Nashville Area, which comprises three-fourths of the State of Tennessee. And so I want to say something a little different. The scriptures are very clear, in Corinthians, the sixth chapter, verses 13-20, First Corinthians, "That indeed our body should be the temple of God." And we're taking that very seriously, means that we are called to keep our bodies at the best, to do the most that we can in terms of health. I don't think anyone would argue the fact that tobacco is destructive in terms of that temple, our body, which God has given us. And certainly if we look at that scripture clearly, we'd want to keep our body as clean and as perfect as we can, humanly possible.

Secondly what I want to say to you is the scriptures are very clear, as we heard, about the children. And you heard a part of that in which it was said, "suffer the little children to come unto me, forbid them not, for such is the kingdom of heaven." And obviously, the writer was saying you want to be a part of the kingdom, so you don't want to be destructive to children. But it also says that if you are destructive to children, you'd be better to have a millstone around your neck. And, again, it's very clear, as the stats have indicated, we are being destructive to children. And one would also have to realize if what we're talking about is bad for one part of God's creation, those of us who are here

in the United States, then it's bad for all of God's creation, wherever that might be within the world.

And the third thing I would say, finally, in terms of what I think is a moral responsibility would be that Jesus told the story about the sick, the hungry, those in prison. And people were surprised because they were in essence saying that – we heard in a song a line a long time ago, “If I had know you were coming, I would have baked a cake.” And what he said, you know, is if you done it to the least of these, you've done it unto me. And it becomes very clear if we are destructive in terms of God's creation, then we have done it unto him. The part which we don't often reason that is their salvation was based upon how they dealt with God's creation. And so I would say to us that I think we have a moral responsibility to deal with the tobacco issue, and to try to bring the kind of control which we know is important and is necessary, because indeed we are his helpers. Thank you.

Rosemarie Henson

Thank you very much, Bishop. Twenty-two?

Tim Hendrick, President, Student Coalition Against Tobacco (S.C.A.T.), South Doyle High School, Knoxville, Tennessee

My name is Tim Hendrick, and I'm the president of S.C.A.T., the Student Coalition Against Tobacco at South Doyle High School, in Knoxville, Tennessee. Our

coalition has spent the last two years proclaiming the message that tobacco is bad for your health, and for the health of those around you. The World Health Organization states that 10 million people will die each year from smoking related diseases by the year 2000, with 70 percent of these deaths in developing countries. According to the Global Youth Tobacco Survey, 14 percent of teens smoke worldwide; developing countries have the highest rates of teen smokers. Most teens start smoking because it is portrayed as the cool thing to do. And where do they get this idea? From tobacco industry advertising. Tobacco advertising is a prime vector of tobacco-related disease, and its elimination could reduce tobacco consumption substantially, saving millions of lives in the 21st Century. Please do the right thing and endorse the only known effective policy: A total ban on all direct and indirect advertising. According to “Tobacco Use Among Youth: A Cross-Country Comparison,” in *Tobacco Control*, 10.6 percent of students were offered free cigarettes by a tobacco company. Nearly 80 percent of students saw ads for cigarettes at sporting and other events, and 17% of students owned an object with a cigarette brand logo. The FCTC should not endorse ineffective approaches, such as partial restrictions or youth-only measures.

A clear commitment should be delivered by the FCTC to no less than 50 percent of the principal display panels of cigarette packets to health warnings and consumer information. We are asking the FCTC to not endorse the “sale prohibited to minors,” as this would be saying loud and clear: “This is a grown-up thing to do.” If you tell a teenager he can’t smoke because he’s underage, it then becomes the more mature,

grown-up thing to do, no matter what country they're in. Thank you for the opportunity to speak today.

Rosemarie Henson

Thank you. Good afternoon.

Mike Kuntz, Chapter Administrator, Kentucky Thoracic Society

Hello. My name is Mike Kuntz. I'm the Chapter Administrator for the Kentucky Thoracic Society, a professional medical organization representing Kentucky's pulmonary care community, including pulmonologists, thoracic surgeons, nurses, and respiratory care practitioners. I'd like to thank the U.S. delegation for holding this public meeting and allowing me the opportunity to testify regarding the upcoming negotiations for the Framework Convention on Tobacco Control. I consider this Convention to be one of the most important issues, really, in public health right now. And, again, thank you for letting us all speak today.

My comments today will focus on the relationship among tobacco production, trade, and meaningful government-sponsored tobacco control efforts. My concerns are largely based on my personal experiences working in tobacco control in a tobacco-producing state, and specifically how it relates to developing countries. Kentucky has been unable to institute a strong tobacco prevention strategy, and because of this failure, our smoking rate is over 30 percent. That is the highest in the nation. This failure is not

due to a lack of concern for public health, or an absence of advocacy from its citizens. It is the direct result of an influence from the tobacco industry that holds great control over the state politics and economics. In fact, it's a stranglehold, I would say, through the farmers that produce the tobacco. The cigarette industry is dominated by a small number of large manufacturers, who control nearly all production and distribution. Tobacco, however, can and is grown in dozens of countries and by thousands of farmers. This combination allows the industry to hold governments hostage and pay bottom dollar to growers. States and countries that depend on tobacco for revenue are prevented from instituting meaningful tobacco control laws due to the threat that Big Tobacco will simply go elsewhere for their raw material. The result? The same places that grow tobacco also become easy markets for the finished product.

I have seen this first hand in Kentucky. As I stated, Kentucky has the highest smoking rates in the country, for adults. We are also at the top of the heap when it comes to youth smoking. Kentucky is also disproportionately represented in terms of lung disease and heart disease. In fact, a full 25 percent of the deaths in Kentucky are directly attributed to smoking. Yet, when it comes to meaningful measures to address this situation, the state government remains paralyzed due to the stranglehold the tobacco companies have upon our farmers and the economy.

As domestic cigarette consumption has leveled off, companies like Philip Morris have thrown their economic weight around to pry open foreign markets with false

promises of prosperity to farmers, their communities, and to those developing countries. With decades of marketing experience behind them, Big Tobacco has targeted children and other at-risk populations using methods that would be unacceptable in the United States. Developing countries have seen their smoking rates soar, as you have heard this morning, particularly among the poor. Nations that have difficulty meeting even the most basic needs of their people now have the added burden of caring for those stricken by tobacco-related diseases. Unfortunately, the current FCTC Chairman's text is so weak in the area of trade as to make it almost impossible for nations to institute positive change. By holding that "tobacco control measures should not constitute a means of arbitrary or unjustifiable discrimination in international trade," the Convention places the burdens on nation states to prove that their tobacco control measures are not "arbitrary or unjustifiable" if they are challenged at the World Trade Organization. Unfortunately, in all but one case, the WTO has chosen commercial interests over health, the environment, and other issues. They have chosen to strike down laws meant to enhance the public good, and they've instead forced member states to accept products that create public harm. The current language will make it easy to challenge any tobacco control laws that affect international trade, including taxes, advertising, licensing, and other restrictions.

As the home of several of the biggest tobacco producers, the United States has a special duty to help protect vulnerable populations in the rest of the world from the tobacco epidemic. Indeed, it would be hypocrisy for the United States to continue to work to protect its own citizens from the well-documented health effects of tobacco,

while blocking meaningful protection for the rest of the world. I urge the delegation to push for a much more strongly-worded Framework Convention. And I thank you for your consideration.

Rosemarie Henson

Thank you.

Robert Miller, M.D., American Thoracic Society; Assistant Professor of Medicine, Vanderbilt University; President, Tennessee Lung Association

Madam Chairwoman, and panel members. I'm Robert Miller. I'm a physician at Vanderbilt. I'm the current president of the Tennessee Lung Association, and I'm here representing the American Thoracic Society. This year, four million people worldwide will die from tobacco-related illnesses. By 2030, four million will become 10 million. The United States must support a strong, enforceable treaty that holds tobacco companies accountable, and supports other governments in their efforts to protect and promote public health. The American Thoracic Society believes that the U.S. delegation should support the following: Close monitoring of Big Tobacco; banning of all advertising of tobacco products; funding for tobacco-related illness research; and the control of environmental tobacco. I'll briefly address each.

The monitoring of Big Tobacco. Big Tobacco companies are happiest when more people smoke. History has shown that tobacco manufacturers will go to any length to

encourage smoking. The only way to reduce consumption is to globally regulate its production, distribution, and marketing. Only through global cooperation between governments can we effect this. The American Thoracic Society urges this commission to set tougher global standards, and for all nations to monitor and regulate the tobacco industry under the same standard. The United States spends billions to keep cocaine and narcotics out of our country. We cannot be the leader of marketing the most addictive drug to other countries.

We must ban product advertising. The data is as clear as can be. A lifetime smoker almost always begins his or her habit before the age of 25. If they have not been captured at that age, they are lost to the tobacco industry. Big Tobacco knows this, and they target this age group more than any other. They know that once a teenager or young adult is hooked into nicotine addiction, there is little need for marketing; the addiction takes over. Big Tobacco engages in lavish and intentional campaigns of attracting teens and young adults to nicotine. They advertise in magazines that are attractive to this group. They sponsor cultural events and let cigarette packages be used as admission. They distribute goods that display brand logos. And the industry refers to this as “customer continuity programming.” You mail in your coupons, you get your jacket, you get your gym bag. The American Thoracic Society urges this commission to support a policy banning tobacco advertising, and we support the package restrictions that others have mentioned. We recommend that the U.S. delegation require detailed packaging information, including ingredients, toxicity, and carcinogenicity. And we also

specifically request that packaging outline what products have nicotine enhancing production. Smokers have a right to know. And finally, the ATS recommends that the U.S. delegation support a prohibition on health claims, such as “low-tar,” “light,” “ultra light,” and “natural” tobacco.

Funding tobacco-related research. The American Thoracic Society recommends that the U.S. delegation support research of tobacco-related illnesses. We must have better information on the pathogenesis, treatment and costs — the financial costs — of tobacco-induced illnesses, and we must support research that will improve our understanding of nicotine addiction, so that we can help treat this malady. Every government must track its nation’s tobacco consumption patterns, and its tobacco-related morbidity, mortality, and disability. Only by collecting this information and surveillance data will public health officials really be able to assess the effects of tobacco consumption.

Environmental tobacco. The U.S. delegation must focus on the health of children, not the health of the tobacco industry. This has been better displayed by our 16-year-olds than I could ever do today. And the American Thoracic Society recommends that we do everything we can for environmental tobacco smoke. I think when you ask the question, “What is the environmental impact of tobacco?” it’s in ETS, environmental tobacco smoke. That is the environmental impact. Every day I see patients suffering from smoking-related disease. They die a long death. They are short of breath for many,

many years before they finally succumb to tobacco-related illness. I'm fortunate that I have at my disposal the best hospitals, the best equipment, and pharmaceuticals to provide this very, very expensive care. And, unfortunately, the best treatment is frequently ineffective to relieve the suffering and breathlessness that patients endure. Now imagine how this occurs in third world countries that have inadequate resources to feed their citizens, much less provide the technology, oxygen and medications that I have access to. Think how the incidence of smoking is increasing in the decisions that the tobacco companies have made. Think about our role as a country in how we have allowed this to occur. We need to cooperate with the rest of the world to reverse the trends of the status quo. Please strengthen the statement that you are about to make, and encourage these views that I have laid out today.

On behalf of the American Thoracic Society, thank you for this opportunity. I would be glad to help in any way. The American Thoracic Society will be available for anything that you may need.

Rosemarie Henson

Thank you, sir.

Shelley Courington, Metro Nashville Public Health Department and Smoke-Free Nashville

Good morning. My name is Shelley Courington, and I represent the Metro Nashville Public Health Department and Smoke-Free Nashville. Smoke-Free Nashville is a local coalition made up of individuals and organizations. Our mission is to promote programs, actions and policies that reduce death and disease related to tobacco use.

When looking at the impact of the FCTC and its benefits to the world, there are many topics that have importance and should be discussed. . However, I will focus on two here today. I'd like to show you a picture. You have a copy of it in your packet. This man is from what some might call the "Fourth World." He is from the easternmost portion of Indonesia. Until recently, most of the indigenous people lived in the stone age, and now through missionaries and the influence of western attitudes, beliefs, and philosophies, they are struggling between good versus evil, and especially good versus exploitation. It hasn't been all bad. Many incredible advances have taken place. Infant mortality has dropped, diseases have been eliminated, and literacy is on the rise. However, the landscape has changed. No longer do men spend their time as hunter-warriors. Now all that is left are memories and hours of smoking cigarettes. Not just hand-rolled cigarettes, but of the world's most famous brands, including Marlboro, as depicted in the picture. Everywhere men, women, pregnant women, and children are smoking, coughing, spitting, and smoking some more.

In addition to the surge of advertising and promoting the lethal products, there is also another health concern that applies to all peoples of the world: Secondhand smoke.

The tobacco industry has known for several decades that secondhand smoke poses a severe risk to health. It has done everything in its power to downplay this risk, and fight measures to restrict smoking in public places and worksites. The tobacco industry scientists have reviewed the evidence showing that nonsmokers exposed to secondhand smoke suffer significant damage to their bodies. Secondhand smoke is associated with many health concerns, some of which include SIDS (sudden infant death syndrome), middle ear infections in children, lung cancer, sinus cancer, spontaneous abortion, cervical cancer, and decreased lung function. These are just a few of the diseases and illnesses caused from breathing toxic air. The FCTC should recognize the right not to breathe secondhand smoke. The aim of the FCTC must be to eliminate involuntary exposure to secondhand smoke.

There is substantial evidence of progress in the form of advertising, foreign products and western culture. We see this in developing countries. But we have the opportunity to make history. We can and should support the millions of people around the globe, their rights to be protected from the tobacco industry, and their right to breathe clean air. The evidence is here. Please make the right choice. Vote for citizens, here in the U.S. and abroad. Vote for public health. Thank you for allowing me to speak to you today.

Kenneth Bernard, M.D.

Thank you very much.

J.H. Kent, Washington Representative, International Association of Airport Duty Free Stores

Thank you for the opportunity to comment on the FCTC. I'm John Kent. I speak on behalf of the International Association of Airport Duty Free Stores, an international trade association with many duty-free and standard retail concessions in airports around the United States. The Association is particularly concerned with the new Chair's text provision, Article 6, that calls for, quote, "progressively restricting, with an eye toward prohibiting, duty-free sales of tobacco." The stated premise for this measure is that such a ban will prevent consumption of tobacco by minors, and will eliminate smuggling. Our comments will address our opposition to the duty-free provision in light of the fact that the duty-free industry is highly regulated, and that such a provision will not meet WHO objectives, but instead would conflict with the United States' current obligations under international treaty.

Duty-free retail is currently subject to detailed tracking and tracing requirements, best practices, which were the subject of the International Conference on Illicit Tobacco Trade last month. Both the ATF and the United States Customs Service regulate duty-free establishments and the movements of tobacco. Every tobacco item must be accounted for on ATF forms, and proprietors conduct physical inventories monthly for ATF of all tobacco. Both ATF and Customs conduct scheduled and unannounced audits of facilities. Failure to meet the requisite standards can mean that proprietors will lose their license to operate, or worse. Duty-free proprietors have significant incentives to

prevent their goods from being diverted into the illicit trade. Duty-free stores lose the profit from the sale if product is diverted, and violations incur civil and potentially criminal liabilities. The members of the Association have expended much time and money in willing compliance and cooperation with our regulators. Unfortunately, there has been no attempt to distinguish between our highly-regulated industry and the criminal diversion of tobacco products into the illicit trade. It appears that the real problem lies in criminal activity on non-duty-free distribution chains, not in the mere existence of duty-free retail tobacco.

Signatories to the Kyoto Convention, such as the United States, are currently obligated to provide for the duty-free sale of limited quantities of certain items, including tobacco, to international travellers. The Kyoto Convention explicitly provides that, quote, “The quantities of tobacco goods...allowed to be imported free of import duties and taxes by non-residents shall be as follows: (a) 200 cigarettes or 50 cigars” and so on. This treaty preserves the modest and well-defined right of travellers to purchase certain items duty-free. Moreover, the FCTC’s language “progressively restricting, with an eye toward prohibiting duty-free sales of tobacco,” would create a chaotic enforcement environment. This language allows countries the option of restricting or eliminating duty-free sales of tobacco, creating uneven implementation and confusion among the traveling public, and Customs officials worldwide. Adoption of this language would be a step backward from the current regime which allows travelers to openly declare legal

purchases, and allows Customs enforcement to focus on large quantities diverted in criminal violation of national laws.

Duty-free does not mean “duty not paid,” a term which is generally used to imply that the product has been diverted from a legitimate stream of commerce, thereby illegally avoiding a tax or duty. “Duty-free,” as used in the industry and by its regulators, means that the products are destined for immediate export in the possession of the international traveller, and are not diverted from some other course where a duty should be paid. These products are authorized by law for export duty-free. Airport sales of duty-free tobacco are sold to adults holding international air travel tickets, in personal use quantities set by the destination country, and in any event, comprise less than one percent of total global tobacco sales. We’ve also heard proponents of the ban argue that sales of duty-free products for export somehow constitute an unfair “subsidy” for international travellers. In my hand, I have two receipts for purchase of a carton of a popular brand, one for \$25 from a duty-free store, the other for \$24.45 from a Virginia store. Clearly in the United States, tobacco is freely available at prices comparable to those in a duty-free store.

In sum, we believe that the duty-free prohibition cannot possibly aid in achieving the goals of the FCTC. Instead, the provision will unfairly and unnecessarily harm the regulated airport duty-free retail industry and the revenues it produces for its host

countries. We therefore urge that this new provision be deleted from the text of the FCTC. Thank you for your consideration of these comments.

Kenneth Bernard, M.D.

Thank you, Mr. Kent.

Brenda Black, R.N., C.C.R.N., Director of Tobacco and Air Quality Programs, American Lung Association of Tennessee

I don't think #27 is here.

Rosemarie Henson

You're #28, Brenda.

Brenda Black, R.N., C.C.R.N.

Good afternoon. My name is Brenda Black. I'm the director of Tobacco and Air Quality Programs for the American Lung Association of Tennessee, and I'm here to speak to you today because I'm concerned about the health effects of public health that is caused by the use of tobacco products. Interestingly enough, as I started composing my comments, I was interrupted by a phone call from a woman who was desperately seeking help to stop smoking. She explained that she had multiple medical problems, and had recently been hospitalized and was unable to smoke for several days. She described this

feeling of literally “dying for a cigarette,” while lying in her hospital bed. As I listened, I heard her describe a feeling of helplessness to overcome her addiction. In our conversation, she described her inability to afford nicotine replacement products or other forms of therapy, and explained how she tried to quit smoking many times, over and over again, but it failed. When I asked her how much she smoked, she replied, “Constantly. There is never a time that I’m awake that there isn’t a cigarette burning.” To make matters worse, as our conversation continued, I heard a baby crying in the background. Odds are that this child suffers daily from exposure to secondhand smoke. The caller said that she didn’t smoke in the room where the child was, but I really had a hard time believing that was true.

I receive phone calls like this daily, people describing their failing health and continued addiction to tobacco products really hits home with me. Before I joined the lung association, I was a critical care nurse at Vanderbilt Hospital, in the surgical intensive care unit. The patients that I cared for that were smokers always had greater difficulty recovering from surgery, which required extended hospital stays. There were days that I would see patients who’d had sections of their lungs removed and tracheotomies who would be outside smoking, and what I was really seeing were people who were suffering from an addiction so strong that even the threat of losing their lives was not enough to make them quit smoking. As public health advocates, I believe we have a responsibility to help people make the right decisions regarding their health. Nonprofit and public health agencies cannot compete with the tobacco industry. The

billions of dollars that the industry spends on aggressive advertising and marketing campaigns are well above the measly dollars spent on tobacco prevention control programs in our country. This is a particularly sensitive issue in Tennessee because we are one of the only states that does not allocate state funding for tobacco control programs. Combined with the fact that we have one of the highest rates of the public high school smokers in the country, this makes protecting the future health of Tennesseans from the use of tobacco products extremely difficult.

The political power of the tobacco lobby is ever present in our state. When I joined the lung association and started learning about my role as a legislative advocate, I really believed that we could be successful in establishing strong tobacco control policies with minimal controversy. After all, it seemed like the reasonable thing to do. I found that what might seem reasonable to those of us who care about public health was a threat to the tobacco companies who care only for their profit. Industry ruling public health policy is shameful. As public health advocates, we have positioned ourselves as supporters of public health. The industry continues to challenge our efforts with new and deceptive marketing practices, the introduction of “low-tar” and “light cigarettes” and the weakening of clean indoor air acts. The United States is a leader in world affairs. We should take a strong position in the global treaty on tobacco control to ensure that not only Americans but also the developing world is protected from the death and disease caused by the use of tobacco products.

Thank you for the opportunity to speak before you today. The message that I would like to leave with you is that the U.S. should act responsibly by supporting a strong, enforceable treaty that holds tobacco companies accountable and supports governments in their efforts to protect and promote public health. By recognizing that exposure to secondhand smoke represents a serious and preventable health risk to nonsmokers, that cigarette packages should include clear health warnings and a list of all ingredients, by banning the misleading descriptors such as “low-tar,” “light,” and “mild,” and banning all tobacco products advertising, the U.S. delegation can help make decisions that will impact the health of people worldwide.

Tobacco use is the single largest preventable cause of premature death and disease in the world today. If I could ask that you remember only one word from my comments, that word would be “preventable.” Please carry that one word with you when you meet to discuss policy for the prevention of further death and disease from tobacco products. Thank you.

Kenneth Bernard, M.D.

Thank you, Ms. Black.

Leslie Newman, Attorney at Law; Volunteer, American Lung Association of Kentucky

Good morning. Give you a chance to shift a little. My name is Leslie Newman. I welcome the opportunity to be here today, and I appreciate your patience. It’s awesome

to follow the testimony of people who have so much knowledge and experience in areas that I am only a volunteer in. I am here as a volunteer representative of the American Lung Association of Kentucky. As I've sat here and heard other people testify today, I've tried to think what I might add that you haven't heard already, and my friend Mike Kuntz testified earlier, we hadn't even talked about our testimony, but he drew the analogy of the challenges of working in a state like Kentucky, a tobacco producing state, where it is so difficult to achieve success in the area of tobacco control. So I thought I'd tell you a little bit about what it's like to deal in the trenches with what I think people in our country are dealing with, and what we could only expect globally.

My professional life is as an attorney. I spend two or three or four days every week in court. I practice family law, and I represent parents and their children in cases regarding divorce, child custody, dependency, neglect and abuse. In entirely too many of those cases, I see the effects of tobacco. I see the effects of tobacco when parents burn their children with cigarettes. I see the effects of tobacco when children come to court and beg of the judge to not make them visit with a parent because that parent smokes, and the parent doesn't have enough respect or knowledge of the health effects, or doesn't have the ability to beat the addiction, that they will not enjoy time with their child without endangering them with the ill effects of smoke. With the lung association, I've been able to volunteer as a worker at Asthma Camps. The kids come to Asthma Camp every year, and they learn how to try to live a normal life with asthma. Those kids too often go home to homes where parents and their grandparents are smoking. We have a

Family Day at the end of each week of Asthma Camp, where the families are invited to come and try to learn how to help their kids control their asthma, manage their asthma. They don't get it. They don't understand. They can't break the addiction. That the cigarette smoke in the homes is causing the kid's asthma to worsen. We have a courthouse in the town where I live where every Monday, I've been like a swimmer going into the Courthouse through waves of smoke where parents and kids are standing outside while they're waiting for their cases to be heard. It is proof positive to me of the link of the risky behaviors that are linked to the use of tobacco. It is well established that tobacco is the number one gateway drug to the use of other drugs by kids that I see getting addicted and causing problems in our court system. There is an immense toll.

Personally, I'm a kid, too. I'm the kid of parents who smoke. My parents are 74 years old. The both began smoking when they were very young. My mother today has COPD. She uses oxygen. She takes breathing treatments four times a day. She has coughing spells where she coughs and her face turns blue and her eyes roll back in her head and she quits breathing. It's very, very scary. She had a stroke last October. She can't walk. She still smokes, though. It's tragic. My father is an intelligent man, too. He's a dentist. I remember when I was younger that he sat by the bedside of one of his friends who was dying from emphysema. Bob could not breathe. He was suffocating. It was such an overwhelming experience for my father to see his friends lie there suffocating that he came home and said, "I'm quitting smoking. I'm not going to die like this. I think that I won't." He quit smoking. He started again. In the practice of

dentistry, he had the occasion to diagnose mouth cancer in patients, because as you can imagine, in Kentucky, the use of chew tobacco is prevalent, too. He watched those patients die, too. He quit smoking. He still smokes now.

I have a brother and a sister, and when we were young kids, our parents told us that if we didn't smoke by the time we were 21, they'd buy us a convertible. We fought through the family trips and the times, "Roll down the windows because it's so smoky in here." We hated it. Fortunately, none of us kids started to smoke. We didn't get a convertible, but they achieved their goal of us not smoking. The opportunity provided to prevent similar lives for children throughout this country is afforded by your role in the Framework Convention.

I skipped over a point that I wanted to make about Kentucky and about the analogies to Third World countries. In Kentucky, 25 percent of expectant mothers smoke. Twenty-five percent. As well as having high rates of youth smoking and adult smoking, we also have a high teen pregnancy rate. Twenty-five percent is extremely high. I work with those mothers in the court system, and I know that they want to have healthy babies, and they care for their children. But they can't quit smoking.

It is my belief that if the convention will support a strong ban on advertising in the treaty, we will protect people from all over the world from the scourge of tobacco. As this time, only seven percent of women in developing countries smoke. That seems like a small percentage. But to the tobacco companies, that presents a 93 percent opportunity to

capture a new market. If the United States presents the example that it is capable of presenting and forging a strong role in this treaty, we can help prevent the same scourges that I see in my profession from occurring nationwide. Thank you for your attention.

Kenneth Bernard, M.D.

Thank you, very, very much. That was quite interesting. Appreciate your comments. Again, I have to caution people, five minutes, and of course we have your longer statements if need be. Thank you.

Dennes Hernandez, Student Advocate, United Student Advocates Against Tobacco (USAAT), City College of San Francisco, Latino Issue Forum

Thank you, delegates for the opportunity to be here, and the people that are left here. I know it's been a long day. My name is Dennes, and I'm a student advocate from City College of San Francisco. I'm glad to be in Nashville; I learned a few things here. The reason I made the trip from California is because, case in point, I like children. I like children because children are basically what it is that we're going to see in the future, and as an advocate against the tobacco industry, I just wanted to highlight the importance of how the industry has bullied the children. When I say "children," I mean countries, if that makes any sense. I feel that, like a bully, the tobacco industry targets the weak, and by targeting the weak, they do what they want. And once they've done what they want, they move on, and leave the weak to lick their wounds. And basically that's what we're doing today is we're licking our wounds. By licking our wounds, we're trying to find out

ways to deal with the problem that for years has affected not only us, but everyone here as well, maybe not directly, but indirectly. And for many there is a great concern, since many, including myself, feel that the wording has pushed aside health issues and favored trade issues in the FCTC. It is that, that consumer awareness has been a problem, which is why I speak to you on (inaudible) today, which is why efforts to control the industry have been very hard. And basically I feel that by focusing on an aspect of tobacco product regulation, which would therefore enhance consumer awareness.

And the best way that I can say that is in 2000, in Norway, a monograph was released, and in that monograph, it was entitled “Advancing Knowledge on Regulating Tobacco Products,” which the World Health Organization called for an overhaul of the existing testing methods that measure the tar, nicotine, and other yields of tobacco and tobacco smoke, and to establish a new basis for measuring, regulating and labeling tobacco products globally. For the first time, the monograph brings together the latest international scientific opinion on tobacco product regulation. The monograph recommends that governments consider including in any future regulation of tobacco products the following elements: Establishing a new basis for measurement of tar and nicotine yields; regulating tobacco products additives; requiring full disclosure by brand; removing misleading “low-tar” or “lights” branding; removing misleading tar yield numbers and strengthening warnings; developing regulatory capacity to regulate all nicotine containing products; developing a common international strategy on the future of product modification; and reviewing and updating any regulations.

Cigarettes and other tobacco products are not only highly addictive, but are the most highly engineered consumer products on the market today. Yet, all over the world, tobacco products are excluded from consumer protection laws, such as food and drug legislation. Existing regulatory structures are based on scientific information which is out of date. Where regulations do exist, they are not well implemented. The convention should recognize that there is no single policy that will solve the problems caused by tobacco. Provisions in the Framework itself, independent of protocols, should have a positive impact on tobacco control efforts in order to be effective. All issues should be dealt with as specifically and thoroughly as possible, within the actual Framework Convention, rather than being reserved solely to the protocols. During the debate at the Chicago meeting, delegates to the world conference basically supported the FCTC but worried about what type of document will finally be approved. Whether there will be a weak or strong Convention will clearly be in your hands as well as the assembly's. A weak Convention would allow more countries to sign on, so it would have little "teeth" in it, while a strong Convention with more bite will scare off countries whose political climate will not allow such acceptance. In any event, as long as successful measures are to be taken to slowly rid the market of this highly-crafted, highly-engineered product, I am in favor.

In conclusion, as a student, I am confident enough to know that there are millions just like me who feel the discomfort of the tobacco industry. Moreover, I did not come here to preach about unethical practices that for years have clearly been the case, or point

the finger at money-hungry entities. Instead, I have come here to highlight the importance of working together, even if that means associating with people we would otherwise not associate with. In an era where global cohesion is in the best interest of every conceivable industry, I feel that the current circumstances in the political arena have left us in a position where students like myself are not to be taken seriously. In fact, we are made to scramble over the problems conjured up by corporations and militant-minded individuals. As students, we are taught to utilize what we have learned in a more positive manner. This form of social responsibility has created a reciprocity among students and institutions to where we can work together to fulfill our needs, and to thus improve living conditions. When I realized the lack of social responsibility from the tobacco industry, I not only became displeased, but became overcome with dissatisfaction at what it is we as students are taught from the very beginning. That is what gives us that sense of freedom, in my opinion, the ability to give at our own discretion, the ability to make choices and create options for others, as well as ourselves. Thank you.

Kenneth Bernard, M.D.

Could I just follow up with one question for you? If you could elaborate, please, a little bit on why you think the tobacco control measures should be addressed in the Convention more so than in the protocols.

Dennes Hernandez

In the Convention more so than the protocols? Well, it eliminates a lot of red tape. I feel that by addressing the issue and certain people can deal with the issue rather than accept the issue and move it on to someone else. It's just that whole aspect of things never getting accomplished. Thank you.

Kenneth Bernard, M.D.

Thank you very much, Mr. Hernandez. And you're a fine representative of your school and group, and I would hope that other students like you take an aggressive interest in this, as you have.

Giselle Gibbons, Student Advocate, United Student Advocates Against Tobacco (USAAT), City College of San Francisco, Latino Issue Forum

My name is Giselle Gibbons, and I'm a student advocate from the City College of San Francisco as well. I would like to start by saying that I'm speaking to you today not as a target, but as a victim of the tobacco industry. I smoked all throughout high school. I'm 21 years old, and I'm just barely overcoming an addiction. I know that sounds really dramatic, but I find it to be sad, you know, when I still crave cigarettes. I've been off, I think about eight months now, which is a really big deal to me, you know. Cigarettes are really addictive. And I'm telling you this because I want to show you first-hand that I know first-hand how effective tobacco advertising is at marketing to women, at

marketing to youth, because I started smoking when I was a youth of 14. I bought cigarettes — literally I would buy cigarettes in a high school uniform. I live in San Francisco. San Francisco is pretty progressive as far as anti-tobacco policy. And I was still able —my friends and I were still able to buy cigarettes not that long ago with a high school uniform. It shows that we still have a ways to go as far as developing effective anti-tobacco policies that will help youth in the future, hopefully, to not smoke, not enter adulthood with an addiction that might follow them for the rest of their lives. As people have said, they have seen their parents overcome addiction and then succumb to it again, by relapsing it. I'm kind of scared that that's a reality that — a danger that I will always probably face, because I started smoking so young.

I also wanted to remind you that in drafting the FCTC, today, you guys have been hearing just an incredible amount of statistics, and all of these concepts about the number of people dying worldwide and potential death, to just remember that the FCTC is really about helping people like me, just normal people and children, just to keep remembering that through negotiations, because I know that sometimes all of this information can kind of be overwhelming, but just keep it on that level. Then I'm going to start on the remainder of my speech, I guess.

I would like to say that the number of deaths caused by tobacco is increasing around the globe. At the same time, the average age of those who become addicted to the drug and die is decreasing because of lax and/or non-existing anti-tobacco regulations.

But you could potentially help curb the tobacco use, especially for youth. This means that more people are dying from tobacco at younger ages. And if this current trend continues, 250 million children alive today around the world will be killed by tobacco. Two hundred and fifty million children.

It is the responsibility of governments to protect their children. However, many countries do not have the power to fight the powerful tobacco industry, and are thus powerless to prevent the deaths of its own citizens. A strongly drafted FCTC, however, can give those countries a chance to save the lives of its people. As of today, four million people around the world each year die due to tobacco-related illnesses, and by the year 2020, the number of deaths is expected to grow to over 10 million. The global costs in this medical struggle to combat these illnesses are so large that even conservative estimates put them at an amount that exceeds total current health expenditures in all developing countries combined. The United States cannot afford to ignore its responsibility as a leader in the international community to help less fortunate countries combat the tobacco industry's encroachment on the health of its citizens. By drafting a strong FCTC three weeks from now, in Geneva, you have the power to save lives.

In addition to the complete deletion of Articles 2.3, 4.5, and 15.2 from the current draft, I ask that the United States should support a strong enforceable treaty that holds tobacco companies accountable and supports governments in their effort to protect and promote public health. I ask that the FCTC should elevate concern for public health

above trade concerns, as many countries have argued during the negotiations. That the FCTC should set a floor, rather than a ceiling, for national efforts. Obligations within the FCTC should not be framed in such a way that they could become barriers to the encroachment of implementation of stronger measures. The FCTC must explicitly acknowledge that tobacco products are uniquely harmful, and that concern for public health should not override commercial considerations.

The U.S. should support an outright ban on the use of misleading descriptors such as “low-tar” and “light” and “mild.” The U.S. National Cancer Institute has already determined that these terms have misled smokers into believing that such cigarettes are less harmful, and that this deception constitutes an urgent public health issue. Thank you. Thank you very much.

Kenneth Bernard, M.D.

Thank you, Giselle.

Christina Reyes, Project Coordinator, Tobacco-Free College Campuses Project, Latino Issues Forum, City College of San Francisco

Good afternoon to the delegation members. My name is Christina Reyes, and these are my students. I’m very proud of them. They’ve done a great job today.

Kenneth Bernard, M.D.

You should be.

Christina Reyes

I started working on tobacco control just at the beginning of this year. I had no idea what was going on in the world of tobacco, and I have learned so much in the last nine months. And it has grown to be a huge passion of mine. Again, we're here today to represent the public health aspect and be public health advocates. I think everything that Giselle and Dennes just said I don't want to reiterate to you again, but I support everything they said. And what I did is I looked up on the Internet the Philip Morris FCTC website. They do have some documents and their positions and what they support. And one of the quotes is from Philip Morris: "We are committed to responsible marketing practices, and we do not direct our tobacco marketing towards minors." Other tobacco companies — all the tobacco companies I'm sure nod their heads in unison with this statement. However, actions do speak louder than words. I wish I had my PowerPoint. I have a lot of photos that Campaign for Tobacco-Free Kids has on their website, and I think by looking at the photos you can get a better understanding of what the advertising really is in Eastern Europe and Southeast Asia and Africa right now, in the global south. In Vietnam, salespeople, especially young women and young men, are walking billboards, and there are actually "Marlboro girls" who are dressed in short skirts and Marlboro shirts. And they walk around and they hand out free cigarettes to young

men. First one is free; they got to pay for the pack. In Malaysia, Salem sponsors and promotes Salem cigarettes through rock concerts. Artists like Jewel and Alanis Morissette play there, of course attended by many, many teenagers, and it's sponsored by Salem. Salem Cool Planet is plastered all over Malaysia. In Senegal, branding, they call it "brand stretching," of Marlboro and Camel. They open up stores, called Marlboro Classic, where they skirt around the law of advertising. They say, "Okay, we can't advertise cigarettes, so we'll do it via clothing, via caps, jackets and such. And a picture I saw of a Senegalese boy, a toddler, two-years old, wearing a Marlboro sweatshirt. And that's brand stretching. That's him knowing the Marlboro name from being an infant. And also, all around the world, Marlboro, especially, Philip Morris, promotes contests — I'm sure you're aware of these — where they collect enough cigarette packages to be eligible to win a car, a stereo, or come to the U.S. and do a Marlboro adventure, river rafting.

If that's not marketing to minors, I don't know what is. So, again, actions speak louder than words.

I'm going to end this by speaking about two women who came over to San Francisco. Their names are Mary Asunta, and Eva Kalikova. I'm not sure if you're familiar with them, but they are internationally known tobacco control advocates. Mary Asunta is from Malaysia, and Eva Kalikova is from the Czech Republic. They came to San Francisco and they gave us a presentation on just what I was telling you about. And

we asked them, actually, “What can we do to help you in your countries by doing tobacco control?” And she said, “Support a strong FCTC. Tell your U.S. delegation that we need their help, that tobacco control has a lot more resources, a lot more money, and a lot more influence than our small nonprofit public health advocates, and we need their help.”

So I am relaying that message to you today. And I wanted to end with a quote from Margaret Mead. It is: “Do not underestimate the power of a small group of concerned citizens or people to change the world. Indeed, it’s the only thing that ever has.” Thank you.

Kenneth Bernard, M.D.

Thank you very much, Ms. Reyes, and thank you for bringing your students to address our group. We most appreciate it.

Allen K. Jones, Ph.D., Director, International Health, American Public Health Association, Washington, D.C.; Secretary General of the World Federation of Public Health Associations

Good afternoon, Dr. Bernard and other panel members, and thank you for holding this hearing on an issue of importance for all U.S. citizens, as well as the citizens of the world. My name is Allen Jones, and I'm the director for education and global health resources at the American Public Health Association, and I also serve as Secretary General of the World Federation of Public Health Associations. The American Public Health Association is pleased to have the opportunity to participate in these public hearings. The FCTC process is an important one that the association is familiar with and has supported, and we commend the United States Government for holding these hearings.

Founded in 1872, the American Public Health Association is the oldest and largest multidisciplinary organization of public health professionals in the world. Its collective membership of over 50,000 represents over 50 disciplines in public health. APHA's mission is to improve the public's health, and to achieve equity in health status for all.

The APHA's interest in tobacco control and the FCTC process: Tobacco control is a leading public health issue in the United States, and APHA has for years provided leadership in advocating for greater tobacco control measures, such as smoking cessation programs. The APHA has also supported smoking prevention programs targeted at youth, and has sought to assign responsibility to the tobacco companies for the great

disease and public health burden they have contributed to through their products. At the international level, in 1999, the APHA organized the International Policy Conference on Children and Tobacco. Attending the conference were Ministers of Health from various countries, Members of Congress, ambassadors, and leading health advocates. APHA has also attended and participated in earlier sessions of the Intergovernmental Negotiating Body on the Framework Convention on Tobacco Control.

The APHA supports a strong FCTC. With respect to the FCTC, there are a number of issues that the APHA recognizes are important; however, there are five content areas we believe are extremely important: advertising, labeling and packaging, smuggling, elevating health above trade, and the role of nongovernmental organizations. Our following statement focuses on these particular areas. APHA proposes the following five provisions for a strong FCTC:

1. The FCTC endorse a strict ban on all direct and indirect tobacco advertising, including promotions and sponsorships. The ban should be general in scope, rather than targeted to specific vulnerable groups, for example, youth, as such advertising has been shown to ineffective and sometimes counterproductive. Tobacco advertising is a prime vector of tobacco-related disease, and its elimination could reduce tobacco consumption substantially, thereby saving countless lives.

2. The FCTC require that no less than 50 percent of the principal display panels of cigarette packages be devoted to health warnings and consumer information. Deceptive terms such as “light” and “mild” should be prohibited from packages.

3. The FCTC reverse the perverse incentives that tobacco companies and wholesalers currently have to facilitate large-scale cigarettes smuggling and illicit trade. Smuggling and illicit trade deprives governments of substantial tax revenue, and allows multinational corporations to introduce their products inexpensively to the young and poor populations of underdeveloped countries, and leads to lifelong cigarette addiction in these groups. Appropriate measures would include the development of a liability regime to hold companies responsible, and the launching of investigations and legal action aimed at those orchestrating smuggling.

4. The FCTC elevate public health over trade, a point that’s been made by many here today. In order for the FCTC to be effective, it is imperative that in cases of conflict between the FCTC and more general trade agreements, such as the WTO, bilateral trade treaties between signatory states of the FCTC, or existing legislation or signatory states, the FCTC should take precedence.

5. The FCTC include language that provides for a strong role for nongovernmental organizations in the process of Convention negotiations and implementation. National public health associations, for example, can pledge to

undertake this role and provide support to their governments in taking a position that endorses a strong convention and protocols.

The APHA, through its global affiliate, the World Federation of Public Health Associations (WFPHA) is well positioned to advocate for these positions, calling for a strong FCTC, priorities that the Federation itself supports through its own project, Global Tobacco Control. Thank you for your attention.

Kenneth Bernard, M.D.

Thank you, Dr. Jones.

Rabbi Ken Kanter, Micah Congregation, Nashville, Tennessee

Good afternoon. I'm Rabbi Ken Kanter from Congregation Micah here in Nashville, and I want to comment you for your ability to sit for hours and hours of testimony. If my services went this long, I'd be out of a job. So we're grateful to you for that.

You've heard a great many wonderful and powerful and meaningful poignant stories today from people telling of their experience in their own lives, students, adults, professionals, and so on. And I hope that as you heard each of these stories you paused for a moment to think, perhaps, about what that story might have meant had it been in your family, had it been your mother or your father, your sibling, your spouse, a loved

one of yours. On Hanukkah, the festival of lights, one of the most joyous of the Jewish celebrations, two years ago, the celebration of religious freedom and of the lighting candles on the candelabra of the menorah, the light of my own mother's life went out, as she died of emphysema, having smoked virtually all of her life, even to going into the hospital a few days before she died, and still wanting to smoke, facing imminent death. It is one of the rare issues in our religious world that almost every religious community supports, and works together on in alliance is this issue of tobacco. Whether it be conservative or liberal, the very right-wing or the very left-wing, Christian, Jewish, eastern religious, all of them, are united in a very powerful alliance supporting with great fervor and with great strength the need for a powerful and very strong statement to come from this event in Switzerland. My own reform community has been involved through the Religious Action Center and Rabbi David Sapperstein from the very beginning of this alliance. And I have to say that the religious community in our country is united in this spirit, because we are here, whatever our faith and tradition, to speak for the uplift of quality of life through a moral and ethical lesson that God, however we interpret God to be, speaks to all of us in defense for all of God's children. And that like the prophets of the Hebrew scriptures, we cannot stand by without standing tall with the prophetic message of support of the need for our government to stand tall on this very powerful issue.

We have seen our President, we have seen our nation, stand above all others for freedom. We have seen our President and our nation trying to fight the tyrants of

al-Qaeda and prepare as we are the issue of going into Iraq. We are part of an international alliance to do those things. We have been building those alliances in these last number of years. It is the religious community's belief that it is time for the United States to stand against another tyrant. The challenge is freedom and life and the quality of life, that being international tobacco, especially as it's geared in facing our children. It is very important for us that our religious community and our national community unite for the values that this country holds so dear, for freedom, and for the respect for life. It seems very clear to me, and I know it does to you, that to stand for what this document represents will require a profound degree of bravery. It is not necessarily politically easy, but then most of the values that we hold dear did not come easily either. It is, in my opinion, the righteous and godly thing to do, to oppose taking life and quality of life away from those who are unable to do this themselves, and to oppose a weakened statement from our country in this international effort is indeed a very profound and, in my opinion, moral position to take.

In the Torah, God says to us that God sets before us life and death, blessing and curse, good and evil. And the choice is made clearly to choose life. It is my hope, speaking for our Jewish community, for all of the religious communities who are united in coalition on this position, that you, representing our country as you go forward on the international scene, will choose life as well, not only for us, but for all of God's children.

Lastly, one brief reminder. What is it that God requires of us? To do justly, to love mercy, and to walk humbly with God. It is our perspective that a powerful stand in support of this document is the just thing to do, that being merciful and loving all of God's children is a commandment for us all, and for us to walk humbly together in the family of nations, without withdrawing from this international effort would be one of the most egregious and tragic mistakes of a country that has led the way for freedom and the value of life. Thank you, and we're glad you came to Nashville.

Kenneth Bernard, M.D.

Thank you, Rabbi. That was — do you want to join our delegation? (Laughing) Quite well said. Thank you, sir. Somebody once said, “all politics is local,” and that is in fact proven time and time again. If people like yourself, Rabbi, and others can get together and push the agenda forward, people in Washington will listen. They always listen to the local interests. Thank you very much. Sir?

Randy Todd, Cookeville, Tennessee

Hello. My name is Randy Todd. I appreciate you all giving me the opportunity to speak. If you all are like me, you've heard about as much testimony as you need to hear in one day. I'm about testified out. But I'm speaking today on behalf of the current smokers and the former smokers and the future smokers out there. I apologize to you. I'm not a speaker, I'm not a professional. I'm just a construction worker, and I took off

today to come down here. I'm also a volunteer. And several years ago, I was a smoker. I smoked for 20 years. And I really wanted to quit. And pardon me, I've got my testimony here, but I'd rather just talk to you, if it's okay.

Kenneth Bernard, M.D.

Fine with us!

Rosemarie Henson

That's fine with us, sounds great.

Randy Todd

Okay. Pardon me, I'm so nervous, I could just about die right now, but — (all laughing). I smoked for 20 years. I was about 12 years old, and my cousins, we were little kids, and I appreciate the students here and those girls. I'm glad there are some people, just ordinary people here today, too. My cousins, we were all going to be tough, you know. We'd seen the commercials, the advertisements, the cowboys, they were rugged, they're tough. And "smoking is cool and refreshing." And so our parents smoked, and we wanted to grow up and be just, you know, just like our parents and just like those cowboys. So we were out in the henhouse and we're smoking cigarettes and we're up in the hay barn — it's a wonder we didn't burn the barn down, but we're smoking cigarettes up there. There's one thing that the advertising didn't tell is, that after

you smoke a few cigarettes for a few days or a few weeks, you're addicted. And once you're addicted, you're addicted for life. And come to find out later on, when I attempted to quit, is that the addiction is extremely powerful. In fact, I did a search on the Internet, and I put in the term "the most addictive drug known to man," or "the most powerfully addictive drug," and most of the time, about nine times out of ten, it came back that nicotine was either the number one most addictive drug, or it was the top two or three, right up there with heroin, cocaine, methamphetamine. Nicotine and cigarettes were always at or near the top. So they don't tell you that in the advertising, and it's unfortunate.

But I smoked several years and I wanted to quit. And I really wanted to quit bad, so I tried quitting several times, and most smokers have. So one time I tried my darnedest. I mean, I tried with everything I had. And I'm a big ole strong boy, and I gave it everything I had. But unfortunately — I lasted three days, and on the third day I broke down and bought a nasty ole cigar. I thought, "well, I'll just puff on that, and I won't inhale." Well, I threw it out the window and I stopped and I bought a pack of cigarettes. And I continued to smoke for seven more years after that. I couldn't break the addiction. And if you've never smoked, I can't tell you how powerful it is, but I can tell you that it's not the number one most addictive drug for no good reason. It's number one for extremely good reasons. Words escape me to convey how powerful the addiction is.

I've helped people to stop smoking over the last 10 years. We've taught a stop smoking class. And I live right here in middle Tennessee. And the only way I can tell you is to describe, for example, Camille. Camille came to our class three times, and she was desperate to quit. And she was just one of many, one of hundreds that's come through our class. And our success rate is one out of three, by the way, which is remarkable for people trying to kick such a powerful drug. But Camille, unfortunately, is just one of the many. I lost my brother-in-law a month ago to nicotine, heart attack. But Camille, she was desperate to quit, too, and she would wake up and cry and have to take off her oxygen and apologize to her husband, but she smoked a cigarette right up until the day she died. And Camille was only about 51 when she died. But like I said, one out of three that come through our class are able to quit, but two out of three aren't. And we've had so many people come to our class and die of nicotine, to it's extremely powerful.

Fortunately, I was able to quit, and I was so grateful that somebody was there to help me, I went on to take the facilitator's training class of the American Lung Association, and to become a facilitator. And like I said, I've been helping people for 10 years to quit. But I want to speak on behalf of the current smokers that are out there right now. And I don't know that you've had many or any here today to testify, but I can tell you, as a smoker, that — and we do a lot of health fairs. And nine out of ten smokers that are out there today — I've seen the statistics somewhere, and I believe it, because it's proven out with us, doing county fairs and health fairs and sporting events, everywhere we can talk to people, anywhere we can reach smokers, and try to help them to quit, is

that nine out of ten of them would love to quit. I'll offer them a magic pill, and I'll say, "You'll never want another cigarette so long as you live," and believe you me, at least 90 percent of them would take that pill today. They'd love to quit. Seldom have I ever seen any smoker that's not tried to smoking at least once or twice, if not five or six times. And so it's extremely powerful, it's extremely hard to quit. And, unfortunately, the tobacco industry, the Golden Rule, of course, as we all know, is that he who has the gold rules. And that's the real Golden Rule in corporate America, and the tobacco industry has all the gold.

And they're like a black widow spider. They weave a tangled web, a beautiful web of cool and refreshing and rugged, and it's the in thing to do, and we, as the public, especially young kids when they're in the experimental age, when they're young, they fall into that tangled web so easily. And, unfortunately, it's an extremely powerfully addictive drug, and they only have to smoke a few cigarettes for a few days or a few weeks, and they're hooked for life. We've had people come to class and had quit 10 years and smoked one cigarette and go back to smoking. We've had people had quit 15 years and I remember two women that came to our class had quit 20 years, smoked one cigarette. Both of them, their husbands passed away, they broke down and smoked one cigarette, and bam! They're back to smoking again. And that's how powerful. The addiction never leaves, unfortunately. And the tobacco industry doesn't advertise that. They advertise the glamour side, but they don't tell the truth.

So I would just ask you people, when you go to this convention, which I know little or nothing about, but I would just ask you that you make sure that the tobacco industry tells the truth. I would ask you that you would cease all tobacco advertising, because that's the evil web that they weave that entangles our youth and our public. And I'd also ask that you would force the tobacco industry to let the advertising industry tell the truth about tobacco. Thank you very much.

Kenneth Bernard, M.D.

Thank you, sir, and you don't have to apologize at all for not being able to keep up with the other people in this room. You did a fabulous job, and thank you for taking the time to come and talk to us. I appreciate it.

Vali Forester, on behalf of David P. Carbone, M.D., Ph.D., Director, Vanderbilt Lung Cancer Research Program, Vanderbilt-Ingram Comprehensive Cancer Center, Nashville, Tennessee

Good afternoon. What a great opportunity you have to leave such a powerful legacy for future generations. I am confident that you feel very honored to be chosen for your task, and wish you the best. I'm here today on behalf of David Carbone. He's a physician and a scientist and head of the Vanderbilt Lung Cancer Research Program at the Vanderbilt-Ingram Cancer Center, a National Cancer Institute designated Comprehensive Cancer Center, here in Nashville. He is in Washington today, providing

Congressional testimony on targeted therapies for lung cancer, so I am here on his behalf, and will read the following statement that he wrote.

There are few ways to die worse than slow suffocation. There are few things more terrible than to be told that you could be cured of a fatal illness if only surgery could be done, but that the part of your lungs, or your heart, not involved by cancer are too damaged by smoking to allow surgery. Both of these situations are common occurrences with lung cancer patients. I'm treating a 40-year-old single mother with widespread metastatic lung cancer who has an 8-year-old son. She is progressing, and will probably not see another Christmas with him. The profits resulting from the sale of cigarettes to her throughout her life do not justify her suffering, or her son's. As a cancer survivor myself, I can appreciate the mental and physical suffering that cancer patients go through, and have dedicated my career to curing those lung cancer patients that can be cured and relieving the suffering of those who can't.

The greater tragedy of lung cancer, however, is that the overwhelming majority of cases are preventable. It is clear that about 90 percent of lung cancers are associated with cigarette smoking, and that the risk is proportional to the amount smoked. The incidence of lung cancer exploded with the availability of cheap and mass-produced cigarettes in the first half of the 20th Century, and it is up to us in the first half of the 21st Century to put an end to it. We can make small steps through the actions such as the tobacco settlement, but backward states, such as Tennessee, utilize none of this money for the

prevention or treatment of lung cancer, so the potential real effect is minimized. Steady and sure progress needs to be made toward reducing tobacco consumption in current smokers, and keeping young people from starting. We need to avoid exporting this affliction to developing countries. I sincerely hope that initiatives such as this one will result in real progress in the right direction. Thank you.

Kenneth Bernard, M.D.

Thank you. And what did you say your name was?

Valley Forester

My name is Vali Forester.

Kenneth Bernard, M.D.

Thank you. Are you the last? Is there anyone here who has signed up that has not spoken? Going, going. Well, thank you all for coming. I know many of you who've spoken have left, and so I'm thanking the people at the end, rather than the people at the beginning. But this has been very useful to us. As I was asked outside by several people, why did we choose Nashville to come to. And I think it wasn't a well-thought-out decision to choose just Nashville, but we wanted to come into the middle of the United States and listen to some people, not just the same people that we hear in Washington all the time, or for that matter on the West Coast in big cities, but to get a little bit into more

middle America. And I think we've been very well informed by a large variety and range of interests, and I think this is very useful for me. When we go off to the negotiation in Geneva next month, I think that some of the comments that were made here certainly are going to affect my approach, and certainly some of the stories will probably find their way into some of my remarks. So please accept my thanks and thanks of Secretary Thompson and all for coming, and telling us your ideas and your vision of what this treaty should be. And hopefully we'll hear from you in the future. And anyone else at the table have a comment?

Rosemarie Henson

I just want to thank everybody for your fine comments and your perspective. And I really very much appreciate hearing from the young people in this audience. It's good to see that you are watching this issue, and it's very important in your life.

Kenneth Bernard, M.D.

Well, thank you all for coming. We stand adjourned.

(End of Public Meeting on the Framework Convention on Tobacco Control)